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		FE OF DEATH	Reg. Diat. No. 13	1
1. PLACE OF DEATH: County Frederick  Frederick-Rura (If outside city or town limit How long in above place of death? Life Hospital, institution, or street address where dea Near Gambrill Par How long in hospital or institution?	h occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State		
3. (a) FULL NAME	UTHER ABB		3. (b) Social Security N	umber
4. Sex 5. Color or race W	6.(a)Single, married, widowed, or divorced-	MEDICAL CE	ertification r 31, 48	at 4 A
		21. I CERTIFY that death occurred on the date about 195 and that I last saw h	47 10 Oct 3/	19 44 19 44 OURATION
10. Usual occupation. Farm Labo  11. Industry or business      12. Name   Henry Abb   12. Name Frederick (	County Maryland	Oue to	Clorus	- 12 h
14. Malden name Anna Mary 15. Birthplace Frederick ( 16. Informant Mrs. Cheste Address New Market  Burial (Burial, opensation or removed, Wildelin)	Maryland	Major findings of operations.  Antopsy results.  PHYSICIAN: Please maderline the cause to will be caused		
Cemetery or secondary Rocky Str.  Near Frederic Location M. R. Etc.	orings Cemetery	Where did Injury occur?(City or town) Injured at home, tarm, Industry, public place (w Means of Injury	(County)	(State)
19. 2 Nov. 19. 4.8 (Date rec'd by registrar)	Elizabeth y Harbe	23. SIGNATURE	M. D. o	



Reg. Dist. No.

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information of death clear

Every item of i

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VFADING I Physicians: 1

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WITH

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1. PLACE OF DEATH:

City or town Emmitsburg

Frederick

Street address, hospital, or institution: St. Joseph's Central House

MARGIN BESERVED FOR BINDING

WRITE 1 Correct age i CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) rederick Marvland State \_ (If outside city or town limits, write RURAL NEAR and give town) (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR \_\_\_\_\_\_ 3. (b) Social Security Number

Stay in hospital or inst. (yrs., or mos., or days) \_\_ Stay in this community (yrs., or mos., or days) \_\_\_\_\_\_ 3. (a) FULL NAME Sister Josephine 6.(a) Single, married, widowed, or divorced Josephine Ahern Female White Religious 6 (b) Name of husband or wife ..... \_\_\_\_\_\_6(c) If alive, give age\_\_\_\_\_\_years November 3, 1875 deceased (mo., day, yr.) Months If less than one day 8. AGE: Years 72 11 (Town, county, and state) Domestic duties 1D. Usual occupation 11. Industry or business 12. Name Jeremias Ahern Cork, Ireland 13. Birthplace 14. Maiden na 15. Birthplace Delia Obrev 14. Maiden name. N.Y. City Sister Martina St. Loseph's Central House Address

11. Burlal Date thereof Oct a 11, (month) (day)

Emmitsburg, Maryland

St. Joseph's Private Cem.

Emmitsburg, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

20. DATE OF DEATH 21. I CERTIFY to a death occurred on the

(Include pregnancy within 8 months of death)

(City or town)

MEDICAL CERTIFICATION

Of operations. the cause to which death should be charged statisti-Dt autopsy \_\_\_\_\_ 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide\_\_\_\_\_

(County)

Injured at home, farm, industry, public place (where?) \_\_ Means of Injury injured at Allrk?

23. SIGNATURE

Where did injury occur? \_\_\_\_

Major tindings:

(month) (day) (year)

(State)

PHYSICIAN



19 48 at 8:30P

**OURATION** 

			arlea St., Baltimore 92 a	131
		CERTIFICA	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:  County Frederick  City or tea. Frederick  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?.  Hospital, institution, or street address where death occurred:  Frederick Memorial Hospital  How long in hospital or institution?			2. USUAL RESIDENCE (HOME (For newborn infants give residence Maryland State Frederick City or tasses.	county Prederick
			City or tage (If outside city or town limits, write RURAL and give nearest 334 North Market Street  Street No. (If rural, give LOCATION)  None	
3. (a) FULL NA	AME	Y ALEXANDER		3. (b) Social Security Numb
4. Sex	5. Color or race 6.(c	) Smgle, married, widowed, or divorced	MEDICAL	CERTIFICATION
M	VJ	W	20. DATE OF DEATH. Octo	ber 25th 19 48 at 8
		6.(c) If alive, give ageye	21. I CERTIFY that death occurred on the date	te above stated: that I attended deceased from 1959 to Color 25
deceased (mo., d	68 1 1	lf less than one day	Immediate cause of death	usis y
1D. Usual occupati	(Town, county Salesman		Due to	
12. Name	Frederick C	ounty Maryland	Uther conditions	
14. Maiden no.	Mary S. St Frederick C Ross R. Ale	ockman ounty Maryland xander	Major findings of operations	nin 3 months of death)  Dale of op.  to which death should he charged statist
Address 334 Na Market Sta, Frederick, Md  Burial  Burial  Burial  Burial  Burial  Burial  Cemetery or tremstory  Frederick, Maryland			22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	nal causes, fill in the following;
Location	M. R. Et	chison and Son k, Maryland	Means of Injury	Injured at work?
Address	TIGGGIIC	n, mary tand	23 SIGNATURE	and II.

WRITE PLEASE

FOR

RESERVED

Frederick, Maryland



23. SIGNATURE

Address.

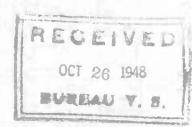
St., Baltimore

M. D. or other

			CERTI	FI
1. PLACE OF DEA	ATH:			
Fre	derick	••••		
City or lawy (If o	outside city or town	limits, write RU	RAL and give neares	t town
How long in above place	of death?			
Hospital, Institution, or Frederic	street address where	Lal Hos	pital	
How tong in hospital or	2	Weeks		
3. (a) FULL NAMI				
J. (G) I OLL IVA		Volent	ine Arno	1 3
4. Sex	5. Color or race		married, widowed, or div	
M	707		M	
Zv.r	-			-4
6.(b) Name of husband	of wile M. I	ortia	Rowland	
		5.(c)	If alive, give age	5
7. Birth date of deceased (mo., day, y	Februa			
8. AGE: Years	11.7	Days	If less than one day	
78	8 8	10	hrs	
		, county, and st	atej	
10. Usual occupation 11. Industry or busines	s		•••••	******
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11. Industry or busines  H 12. Name The  13. Birthplace F  14. Maiden name  15. Birthplace F  16. Informant Ne  Address Ne  17. Burial  (Burial, committee	redericles Anna Refredericles G. V. Please	Count Count Count Arno ittsvi Date there ant Vie	y Maryla ld lle, Mary 10/27/4 (month) (day ew Cemete le, Maryl	nd la 8 ry
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. USUAL RESIDENCE (HOM. (For newborn infants give residen	nco of mother)
Maryland	County Frederick
Burkittsvi	lle - Rural
(If outside city or town	n limits, write RURAL and give nearest town)
Pleasant V	iew
(If rura Non	l, give LOCATION)
	3. (b) Social Security Number
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MEDICA	L CERTIFICATION
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	thin 3 months of death)
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Autopsy results	e to which death should he charged statistically.
	ernal causes, fill in the following;
2. VIOLENCE: tf death was due to exte	
22. VIOLENCE: tf death was due to exte	Date of
Accident, suicide, or homicide	
Accident, suicide, or homicide	

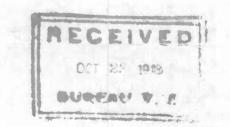




# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CER	TIFICATE OF DEATH Reg. Dist. No. 4.8.1
1. PLACE OF DEATH County City or town Imits, write RURAL and give ness How long in above place of death? Hospital, institution, or sizeel address where death schurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME John Thon	Barry 3. (b) Social Security Number
1. Sex S. Chor or race S. (a) Single, married, widowed, or Male It fate Single	MEDICAL CERTIFICATION  20. DATE OF DEATH.  20. DATE OF DEATH.  21. 19. Y. 8. 21. 2. Y.
6.(b) Name of husband or wife	24 T CERTIFY that death arrowed on the date change stated. Their I effected decreased from
7. Sirth date of deceased (mo., day, yr. Felence 4 H. / 8 G. 8. AGE: Years Months Days It less than one deceased (mo., day, yr. Hongs H. ). Hrs.	and that I last saw h./
9. Birthplace Garage (Town, county, and state)  10. Usual occupation Activities	la De 10. auto ocubut
11. Industry or business  12. Name Base Seeland  13. Birthplace	Other conditions
13. Birthplace Seeffend January 15. Birthplace Seeffend .	Major fiedings of operations
16. Informant And Rahart Silvey	Autopsy resolts
17. Burial, elemetion of removal Pinich (month) (d	3:/948  accident, suicide, or homicide. C. C. C. Daje of
Cemetery or archivery	Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)
18. Funeral director. The Callette A. S.	Meana of Injury Street ty and injured at work?
Address Ausmont - Ind	P- W GOING BAER



# MARYLAND STATE DEPARTMENT OF HEALTH (CC

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

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Registrar

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PLEASE WRITE PLAIN



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:  Fredrick  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Fredrick  City or town. Emmitsburg. (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mary Catherine Bollinger  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	
4. Sex   5. Color or race   S.(a)Single, married, widoweu, or divorced   Widow	2D, DATE DE DEATH OF THE PROPERTY OF THE PROPE
5.(b) Name of husband or John A. Bollinger  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  January 27, 1871	21. I CERTIFY that death occurred on the date above stated; that intended deceased from 2.19
8. AGE: Years Months Days tf less than one day 77 8 5hrsmin.	Innediate cause of death Recurred 36 his
9. Birthplace Adams Co, Penna.  (Town, county, and state)  10. Usual occupation House Keeper  11. Industry or business  12. Name Daniel Sterner  13. Birthplace Adams CO, Pa.  14. Maiden name Anna Eliza Kane  15. Birthplace Maryland.	Due to
Address Emmitsburg, Maryland	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.  22. VIOLENCE: If death was due fo external causes, fill in the following:
Date thereof October 5,1948 (Burial, cremation, or removal, Which?)  Cemetery or crematory Mt. View	Accident, suicide, or homicide
Location Emmitsburg, Md.  18. Funerat director S. L. Collinson	Injured at home, farm, industry, public place (where?)  Misens of Injury  Injured af work?
Address Emmitsburg, Maryland.  19. bed. 4 19. 48 4. T. flage (Date rec'd by registrar)  19. 48 4. T. flage Hydrighter	23. SIGNATURE M. D. or other 4—4.  Address. Leesen May be Bate signed D. 4—4.



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MARYLAND STATE DEPARTMENT OF HEALTH

Reg. Diat. No.

e nearest town)		r town limits, write RURAL and	
	Street No. 2260116	frural, give LOCATION)	
	11		
ers		3. (b) Social Se	curity Number
ed, or divorced		ICAL CERTIFICATIO	18 9 9 00 N
ge years	21. I CERTIFY that death occurred o	n the date above stated; that I attend	led Jeceased from
one day min.	Immedia: Ose of death	Hen	DURATION T days
	Due to		
pa trade	Due to	es Lakini	10 fz
	The state of the s	ney within 3 months of death)	
	Autopsy results.	Date of o	p
28,1948	22. VIOLENCE: If death was due	e cause to which death should be o	g;
(day) (year)		ity or town) (County)	)f (State)
		blic place (where?)	
,	Means of injury	. Injured at wo	rk?
H. Brown	23. SIGNATURE	A Pale	M. D. or other

RESERVED MARGIN

10. Usual occupation.

11. Industry or business 12. Name 13. Birthplace

14. Maiden na 15. Birthplace 14. Maiden name

18. informant

Address

Cemetery or crematory

(Date rec'd by registrar)

18. Funeral director

Address

(Burial, cremation, or removal, Which?)

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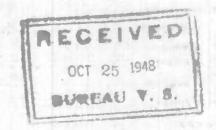


3 at 10 P.

Couple hours.

# 2411 N. Charles St., Baltimore

with -		2411	ATE DEPARTMENT OF HEAL'  N. Charles St., Baltimore  FICATE OF DEATH	310	31
City or term. (14  Now long in above pia  Hospitel, institution,  Home fo	lerick ederick foutsids eity or town lis ce of daath? Marc or etreet addrace whare or or the Age	nits, write RURAL and give nearest h , 1940	2. USUAL RESIDENCE (HO (For newborn Infants give I Maryland State Frederic (If outside city of Street No. Home for	residence of mother)  County Frederick  Ck  Town limits, write RURAL and give ne	
3. (a) FULL NAI		E M. BRANBLE		3. (b) Social Security	Number
4. Sae F	5. Ceter or rece	8.(a)Single, married, widowed, or divor		ctober 18, 19 48	,10 P
7. Birth data of deceeed (mo., dey 8. AGE: Yac	Tia Tag A	s H. Bramble  6.(c) If aliva, give aga  1861  Days   If lese than one day 14hre.	October 4th and that I last saw her alive	n the data above etated; that I attended date 19. 48 to Octobe: on October 18th	r 18 <sub>19</sub> 4
10. Veual occupation	ent County (Town. At Home	Maryland sounty, and state)	3 0	of cular renal	
12. Nama		. Gudgeon ty Maryland (last name unl unty Maryland	Major findings of operations	cy within 8 months of death)	
18. Informant Ho Addrass 11 Buris (Buriat, exematic	ome for th L5 Record al Mount	e Aged Records St., Frederick	Autopsy results	e cause to which death should be charged o external causes, fill in the following:	l statistically.
Location	Freder M. R.	ick, Maryland	(0)	ty or town) (County) bile placa (where?)	(State)
19. 20 Q	T 18.4.8	00.0.0	23. SIGNATURE.  Registrar  Address Frederick	Maryland	10-20



THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

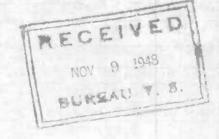
# CERTIFICATE OF DEATH

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g.	Diat.	No.	J

1. PLACE OF DEATH: Frederick			k	2. USUAL RESIDENCE (HOME) ( (For newborn infants give residence of	OF DECEASED:
Central			***************************************	State Maryland Co	
City or town			URAL and give nearest town)	Control	
How long in above place of death? 3 years			S	City or town (If outside city or town limt Rural Fr	ts, write RURAL and give nearest town)
Hospital, Institution, or	streef address where	death occurred	:	Street No. Rural Fr	ederick
192000000000000000000000000000000000000	***********************	***************************************	•••••••••••••••		e LOCATION)
How long in hospifal or	Institution?			2.(a) If veferan, name war	
3. (a) FULL NAME		EDNA	S. BRASHEARS		3. (b) Social Security Number
4. Sox	5. Color or race	S.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Female	White		ried	20, DATE OF DEATH Octobe	2 19 1888 a 530 P
6.(b) Name of husband	07-W170		Brashears	21. I CERTIFY than death occurred on the date at	pove stated; that I attended deceased from
***************************************	**************************	5.(0	27 1896	19	19 19 48 19
7. Birth date of deceased (mo., day, y	r.)	Aug.	27, 1896		
8. AGE: Years		Days	If less than one day	Immediate cause of death	melitic Lyear
5:	2 1	22	hrsmin.		.0
Fre	ederick	Co. Ma	ryland		
9. Birthplace		Due to	4,000,000,000,000,000,000,000,000,000,0		
10. Usual occupation	House	wire	***************************************		
11. Industry or business				Due fo	
		Smith	1	• 11	
12. Name	••••••		yland	Dther conditions	
	Salli	e Str	awsburg	(Include pregnancy within 3	months of death)
14. Maiden name  15. Birthplace			yland	Major findings of operations	
🔀 15. Birthplace	Albert		·		Date of op.
16, Informant			***************************************	Autopsy results	
Address R	.D. 1 Fr	ederi	ck, Md.	PHYSICIAN: Please underline the cause to v	which death should be charged statistically.
. Buria	1	Data than	10-22-48	22. VIOLENCE: If death was due to external ca	
(Burial, eremation,	or removal, Which	?)	e Brethren	Accident, suicide, or homicide	
Cemetery or cromate				Where did injury occur?(City or town)	(County) (State)
Locu Locu	st Grove	Fred,	.Co. Md.	Injured at home, farm, industry, public place (	
		. M. W	altz	Means of Injury	Injured at work?
18. Funeral director		• • • • • • • • • • • • • • • • • • • •	***************************************	9	1 P 1. 1 h.
Address	VV .	A	d, Md,	23. SIGNATURE.	P, Koup mi),
1000 21	19 4	1 14	Mach	no has L	+ ned M. D. or other
(Date rec'd by reg	ristrar)	200	Registrar	Address Com Mark	Date signed A. K.

HEALER TO THUMBASING PART MEALTH AND THE STREET AND



2411 N. Charles St., Baltimore

Reg. Dist. No. 131

Frederick

1. PLACE OF DEATH: County Frederick information carefully. The of death clearly and legibly Frederii ck How long in above place of death?.. Hospital, Institution, or street address where death occurred: 201 South Market Street How long in hospital or Institution?.... 3. (a) FULL NAME RAIPH STAUB BRUST 6.(a)8thpte, married, widowed, or divorced 4. Sex 5. Color or race item of i M Mary Wolford January 24, 1903 deceased (mo., day, yr.) Supply ease wri It less than one day Days 8. AGE: Years 26 Frederick-Frederick-Maryland (Town, county, and state) Laborer 11. Industry or business Monocacy Valley Canning Co.

Burial

(Date rec'd by registrar)

Address

James D. S. Brust Frederick County Maryland

Mount Olivet Cemetery

M. R. Etchison and Son

Frederick, Maryland

Frederick, Maryland

14. Maiden name Sarah Elizabeth Ainsworth 14. Maiden name. Sarah Elizabeth Alliswoll.

15. Birthplace Frederick County Maryland

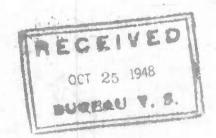
Mrs. Mary Brust

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Frederick (If outside city or town limits, write RURAL and give nearest town) 201 South Market Street (If rural, give LOCATION) 20. DATE OF DEATH ... Addres 201 S. Market St., Frederick, Md Where did Injury occur? .....(City or town) Magns of Injury

3. (b) Social Security Number 578-10-5788 MEDICAL CERTIFICATION October 20, 48, 10:45P 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 20 October \$ 1948 10 20 October 194 and that I last saw hi Tak affec on & O October Immediate cause of death Conomany occursion (Include pregnancy within 3 months of death) Major findings of operations.... PHYSICIAN: Plesse underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Injured at home, farm, Industry, public ptace (where?) ..... Frederick, Maryland Date signed 10-21-48

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(month) (day) (year)



# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 83

10450

		CERTIFICAT	TE OF DEATH	Reg. Dist. No.	
1. PLACE OF DEATH: Frederick  County Frederick-Rural  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Mospital, institution, or street address where death occurred: Emergency Hospital  How long in hospital or institution?  1 Week			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State Maryland Frederick  City or team (If outside city or town limits, write RURAL and give nearest town)  Streef No. 131 West Fourth Street  (If rural, give LOCATION)  2.(a) If veteran, name war. None		
3. (a) FULL N	AME .	DGE IJAMS BUXTON		3. (b) Social Security Number None	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
M	W	W	20 DATE OF DEATH Octobe	or 31, 1948 at 7 A	
		atherine Hedges	21. I CERTIFY that death occurred on the date abo	re stated; that I atjended deceased from  CL 3 1 19 48  S 3 19 48	
deceased (mo., 8. AGE:	day, yr.)         June           Years         Months           93         4	15, 1855    Days   If less than one day   16	Immediate cause of death Hemorrhog		
10. Usual occupa	Retire  Samuel Bux Frederick	County Maryland	Other conditions	months of death)	
14. Maiden name Ruth Mussetter 15. Birthpiace Frederick County Maryland 16. informant Frank H. Lewis			Major findings of operations		
Frank H. Lewis  Address 515 Fairview Ave., Frederick, Md.  Burial  (Burial, gremation, Dy removed, Whitch?)  Cemetery or according.  Utica Cemetery  Near Lewistown, Maryland			Actopsy resolts  PHYSICIAN: Please coderline the caose to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide		
M. R. Etchison and Son  Address Frederick, Maryland			Msens of Injury	M. D. or other	
19. Date rec'd	by registrar)	Elizabette y Hech		yland Date signed 11-1-48	

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M. D. Prythey

Date signed..

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### 2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEA	тн: Frederic	· le		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			••••••	state Maryland County Montgomery		
			12/48	Pothogda		
			Sanatorium	Street No. 5616 Wilson Lane (If rural, give LOCATION)		
How long in hospital or	Institution?S.J	nce a	bove date	2.(α) If veteran, name war	V	
3.(a) FULL NAME Fred	erick P.	Caus	ey		Security Number 3-8051	
4. Sex	5. Color or race		married, widowed, or divorced	MEDICAL CERTIFICAT	ION	
male	white	Ma:	rried	20. DATE DF DEATH. October 14	19 48 at 6:10 #	
6.(b) Name of husband of March 2 7. Birth date of Adeceased (mo., day, yr.	3, 1905	ed E.	Causey If alive, give age 43 yea	21. I CERTIFY that death occurred on the date above stated; that lat 4/12/48 19 to 10, and that I last saw h i.m. alive on 10/14/48	tended deceased from /19_4_8	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		
43.	7	24	hrsmir	Pulmonary Tuberculosis	13 mos.	
	Civi		ineer			
	ster Cau tl Louis			Other conditions Diabetes Mellitus	7 years	
14. Maiden name	Ella M	. John	***************************************	(Include pregnancy within 3 months of death)  Major findings of operations		
	Washingt			Date o	f op	
16. informant patient  Address				Actorsy resofts		
17. Burial. (Burial, cremation, or removal, Which?)  Date thereof. Oct. / 8, 1948 (month) (day) (year)			(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the follow Accident, suicide, or homicide		
cemetery or crematory. Compensation D.C.			D.C.	Where did Injury occur?		
18. Funeral director W. Peukon Pumphry			mphry,	Means of Injury Injured at		
Address 75 576	VIACOUS	Mue	· Depherde!	R. W. Balein.		

Registrar

R.W.Ballin,

Supply every item of information carefully, The cease write the causes of death clearly and legibly.

WRITE PLAINLY is especial

PLEASE

(Date rec'd by registrar)

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discussion with

2411 N. Charles CERTIFICATI			TE OF DEATH  Reg. Dist. No. 131	
1. PLACE OF DEATH:  Ceunly. Frederick  City or team. Frederick  City or team. (If outside city or tawn limits, write RURAL and give nearest town)  How long in above place of death? 6 Years			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mather)  Maryland  County Frederick  City or terms (If outside city or town limits, write RURAL and give nearest town Street No. 30 East Seventh Street  (If cural, give LOCATION)  None  2.(a) If veteran, name war.	
4. 8ax	5. Calar er race	6.(a)Single, married, widowed, or divorced  M	MEDICAL CERTIFICATION October 13, 1948, 31. 7	
8.(b) Hame of hueband 7. Birth date of decased (mo., day.	Novem	e Jackson Herrell  66 yes Der 13, 1888	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. October 13.  Immediate cause of death.  DUR	
8. AGE: Yaar	9 11	Days It less than one day Ohrsmi iams County Virgini	wand of chest here	
10. Veual occupation	Retire	ounty, and atate)	Due to	
13. Birthplace	narles H. Virginia	Claggett	Other conditions	
14. Maiden name	Virginia	Virginia Edmonds	Major findings of apprations	
Mrs. Minnie Claggett  Address 30 E. 7th St., Frederick, Md.			Antapay results	
Burial (Burial, ctemation, or ramoual, Which)  Cemetery or exempley.  Burial  Complete (Month) (day) (year)  Complete (Month) (day) (year)			Accident, suicide, or homicide	
Hyattstown, Maryland Location M. R. Etchison and Son  18. Funeral director M. R. Etchison			tajured at home, farm, industry, public place (where?) Kosake  Maans of injury 12 Ga · S boy from Injured at work? To  Deputy Med	
Address Frederick, Maryland			23. SIGNATURE D. W. Bou Examiner M. D. or other	

Address Frederick,

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2411 N. Charles St., Baltimore

	7 7
	[ 1 ]

			CERTIFICA	ATE OF DEATH	Rei	g. Dist. No. 131
1. PLACE OF DEATH: Ceunty Frederick Frederick-Rural R. F. D. #3 City or town   Imits, write RURAL and give nearest town) Now tong in above place of death? 5 years Reepital, inetitution, or etreet address where deeth occurred: Near Lewistown Now long in hospital or inetilution?			(If outside cit	ive residence of mother)  County Fr  CK-Rural R  y or town limits, write RU	ederick  • F. D. #3  RAL and give nearest town)	
3. (a) FULL N	EDITH	ELIZAE	BETH CLEM		3. (b) S	Social Security Number
4. Sex	5. Calar er race	8.(a)Sing	permarried, widowed, or divorced	ME	EDICAL CERTIFIC	CATION
F	W		11	2D, DATE DF DEATH	ctober 8.	,48 ,3:10H
S.(b) Neme at hue 7. Birth dete at	The or the		, Clem (c) t1 alive, give ege 48 , ,	21 I CERTIFY that death occurre	19.46, 10.	
deceeeed (mo.,	day, yr.) Octo	ber 28,	, 1905	In mediate cause of death		DURATION
o. Aut.	Yeere Months	Daye	if leee then one day	Lacino	va Buo	TC
10. Ueual occupe  11. Inductry or bu  12. Name	eineee Cyrus Bi			Due te		
		e Bende	er	(Include preg	nancy within 3 months of d	eath)
14. Maidon r	Frederi	***************************************	ity Maryland	Major findings of operations		6.3
16. Interment	Raymond	C. Cle	em	Autopsy results		
Address  11. Buri (Burist, scame Cemetery or co	a.l		ereol 10/11/48 (month) (day) (year)	22. VIOLENCE: 11 death was d Accident, eulcide, or homicide Where did injury occur? Injured at home, tarm, industry,	(City or town)	. Date et
18. Funoral director. M. R. Etchison and Son  Addrese Frederick, Maryland			Meene of injury	0000	fla day 11 D	
10 11 Q	by registrar)	13 8	lightly b. Heck	23. SIGNATURE Frederic	k, Maryland	M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTI	IFICATE OF DEATH  Reg. Dist. No. 144
1. PLACE OF DEATH:  County  City or town limits, write RURAL and give nearest  How long in above place of death?  Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Howard Elson	4 Polliflower 3. (b) Social Security Number 2/3-12-734/
1. Sex Drale 21 Rile Stidesard, widowed, of div	vorced  MEDICAL CERTIFICATION  20. DATE OF DEATH.  Outside A 20 1948 at 12:30 A
6.(b) Name of husband or wife Many Hillar Pollifla	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from 20 19 48 to Certific 30 19 4 9
7. Birth date of September 1882 (ma, day, yr.) March 23, 1882	and that I last saw h. L. alive on
deceased (mo., day, y)	Immediate cause of death
o. Auc.	Coronary occlusion / lu
9. Birthplace, Land (Town, county, and state)	Due to.
1D. Usual occupation	Due to
11. Industry or business	
12. Name James Albert Galleft	Other conditions
13. Birthplace Seaselfond, Mil	(Include pregnancy within 3 months of death)
El Solled Janel -	
14. Maiden name Sellen Jane Med	Major findings of operations. None
≥ 15. Birthplace	Date of op.
t6. Interment Mac David Tragas	Antopsy results. We down
Address 407 h. market St. Frederice	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Built har 1.	1948 22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?)  Date thereot (month) (day	
Cemetery or crematory	Where did injury occur?
Grandam ml	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	
Address Thurmout my	23. SIGNATURE A. Wrull Sunh Elle
19 Nov. 1 (Oate rec'd by registrar) 1948 Blasselse S.	Registrar Addres Thurmon A Med, Date signed 10/30/4

WITH UNFADING INK. Supply every item of information carefully. The important, Physicians: please write the causes of death clearly and legibly

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2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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	and the state of t	
1. PLACE OF DEATH: County Tribution Research Frederick, That	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	
(If outside city or town limits, write RURAL and give nearest town)	UAncelo	man Mid
How tong in above place of death? Syra - 4 men - 16 das	(If outside city or town lin	nits, write RURAL and give nearest town)
tospital, Institution, or streel address where death occurred:	Street No	
Montevue Ca Home	1	rive LOCATION)
ow long in hospital or institution? 5 years of many 16 da	2.(α) If veteran, name war	
B. (a) FULL NAME		3. (b) Social Security Number
Julia a Conner		no
1. Sex 5. Color ograce 8.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
unale White Hidowed	20. DATE OF DEATH. OCT	- 5 1048 at 5 A
(b) Name of husband or wife James H. Commer	21. I CERTIFY that death occurred on the dale	above stated; that I attended deceased from
	5 an 1	19 47 10 Oct 5 19 4
. Birth date of	and that I last saw h	Oct , 4 19 4
deceased (mo., day, yr.) Qcl. 14, 1839	Immediate cause of death	
. AGE: Years Months Days It less than one day		age zwe
88 1h 19hrs.		
Fresh ton MN	Box to	
. Birthplace	Due to	
D. Usual occupation Refuel		
	Due to	
, industry or business		
12. Name	Dther conditions	
13. Birthplace There (etc., 1900)	(Include pregnancy within	3 months of death)
14. Maiden name Hully Hastry		
15. Birthplace, + male to ma	Major findings of operations	
11. Britishate		
8, Informant	Autopsy results	which death should be charged statistically.
Address & Alderico Masa		
T. Buria Date thereof Och 5-4	22. VIOLENCE: If death was due to external	
(Burioi, cremation, or removal, Which?) (month) (day) (year)		Date of
Cometery or wanted Madellagy Moranges	Where did Injury occur?(City or tow	n) (County) (State)
· · · · · · · · · · · · · · · · · · ·	Anjured at home, farm, Industry, public place	
Location	Means of injury	tniured at work?
19. Funeral director.	N	2: 0 2 1
Address Amman to M	Basans	& Humas fr. M.P.
COLD ALL COLD AND AND AND AND AND AND AND AND AND AN	23. SIGNATURE SUMANO	M. D. or other
10 Dec 10 48 Challele Steel	treblick,	Date stoned 10/5/48

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2411 N. Charles St., Baltimore

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WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

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			CERTIFICA	TE OF DEATH	Reg. Diat. No.
	erick derick=R utaide eity or town l of deeth? etraet address where ck institution?	imits, write F	URAL and give nearest town)	Street No. Braddock	County Frederick  1ral R. F. D. #5  nits, write RURAL and give nearest town)
3. (a) FULL NAME		E. CO	NROY		None
4. Sex	5. Ceior er rece		e, merried, widowed, or divorced	MEDICAL	CERTIFICATION
F	M	1 1312	M		
		1		21. I CERTIFY, that death occurred on the date	er 10, 1948 10 F
	March		G. Conroy c) It allye, give age 62 yea 1890	end that I last sew h	19 10 19 19 DURATI
8. AGE: Yeere 58		Deye 25	It less then one day	n.   Immediate cause of death	Luo cudeto
13. Birtheleee	chael Mc Wiscons	Graw in	∋у	Due to	3 months of death)
LOW 15 Richalese	Poronto.	Canad	da	Major findings of operations	
Dry	Tames	G. Co	nroy		
10, interment				Autopsy results	which death should he charged statistically.
Burial (Burlal, cremetion) Cemetery or exempto	St. Jo Freder M. R.	Date ther hns Co ick, l Etchi	derick, Md.  10/13/48  (month) (day) (year) emetery  Maryland son and Son  Maryland	22. VIOLENCE: It deeth was due to external Accident, euicide, or homicide	causes, fill in the tollowing;  Dete of
19. 12 Gct	gistrar)	13	lizabelle y Hack	23. SIGNATURE Frederick, Ma	M. D. or other aryland Dete signed 10-12



# CERTIFICATE OF DEATH

2411 N. Ch	narlea St., Baltimore
CERTIFICA	ATE OF DEATH Reg. Diat. No. 14/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RUBAL and give nearest town)	State Many County Fulliand City or town 15 Many County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME Marthy Isadore Co	3. (b) Social Security Number
4. Sex 5. Color or race B.(a) Single, married, widowed, of divorced  Permale While Willowed -	MEDICAL CERTIFICATION  20. DATE DF DEATH. 19.48 21
6.(b) Name of husband or wife Ithuson Cosses	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 25 873	and that I last saw h
8. AGE: Years Months Days If less than one dayhrs	Immediate care of death DURAY
9. Birthplace (Town, gounty, and state)	Due to
10. Usual occupation. At Maringh	Due to
12. Name Slavel Machiniston Hadund.	Other conditions
14. Malden name. Littlis J. Markers 117	(Include pregnancy within 3 months of death)  Major findings of operations.
X 15. Birthplace	Date of op.
18. Informant / 120 Section 18. Address / Section 18.	Autopsy results
17. (Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director Les No Factor la Bara	Moans of injury Injured at work?
Address Brunswick Md. 1/ B	23./SIGNATURE
19 Let 6 19 4 Nathrya N. Dr. (Date rec'd by registrar) Registr	on Successed 1 1251

BUREAU V. 8.

# CERTIFICATE OF DEATH

Reg. Diat. No.

Date eigned / 9

County. Frederick  City or Frederick  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh? Lifetime				2. USUAL RESIDENCE (HOME) ( (For newborn infants give residence of	mother)	
				state Maryland county Frederick		
				City or to Frederick	Leve .	
				(If outside city or towo limits, write RURAL and give nearest town)		
Hospital, Institution, or st	reet address where	death occurre	1:	Sireet No. 201 Rockwell Terrace (If rural, give LOCATION)  2.(a) If veteran, name war. None		
			Ltal			
How long in hospital or in	nstitution?10	Minute	S			
3. (a) FULL NAME			24	3. (b) Social Security Number		Number
	DELE A. C				None	
4. Sex	5. Color or race	6.(a)Sing!	e, Married, widowed or diversed	MEDICAL C	ERTIFICATION	- 4
Female	White	5	Single	2D. DATE OF DEATH. October	8th 19 48	110:30
6.(b) Name of husband or	wife			21. I CERTIFY that death occurred on the date at		
				Och 8 19		
7. Birth date of			c) If allve, give ageyeare	and that I last eaw halive on	21. 8	19.4
deceased (mo., day, yr.)				Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If leee than one day	0		
72	0	29	hrs,min.	Cerebral Hum	Lage	1 day
9. Birthplace. Fre	ederick C	ounty.	Maryland state)	Due to.		
1D. Usual occupation	nouseke	eper		Due to Anterio a Chern		
11. Industry or business						
H 12 Name	Calvin Cr	onise		Biher conditions	* 34	142
			y. Maryland	1		
ac 13. birtiplace	longanott	n Dolon	, and y Learner	(Include pregnancy within 3		
14. Maiden name	war gare of	a Dake	<u> </u>	Major findings of operations. And		**********
2 15. Birthplace E	rederick	County	v, Maryland			
14. Maiden name	George C	. Hane		Antonsy results none		
				PHYSICIAN: Please ooderline the cause to	which death should be charge	d statistically.
Address Wash				22. VIOLENCE: If death was due to external co	nuses, fill in the following;	
17 Burial		Date ther	eof October 11 19/18 (month) (day) (year)	Accident, suicide, or homicide,		
Cemetery or remeter, Mount Olivet Cemetery				Where did Injury occur?(City or town)	(County)	(State)
Location	Freder	ick, Ma	aryland	Injured at home, farm, Industry, public place (		
18. Funeral director	C. E.	Cline &	k Son	Meane of Injury	Injured at work?	
Address			aryland	$\Omega$	Anna.	m.D.
00+		6	1. 11.000 0.1	23. SIGNATURE	M. D	or other
19. J. U.C.	19. V. 8.		howell D. Tell.	To dea is 1	J. Bate eigner	10/9/4
(Date rec'd by regis	strar)		Registrar	A A A A A A A A A A A A A A A A A A A		

WITH UNFADING INK. Supply every item of information carefully. The correctimportant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY

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Reg. Dist. No.

3. (b) Social Security Number

None

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

11. Industry or business

Burial

Years

# CERTIFICATE OF DEATH

(For	newborn is	fants give r	OME) OF DE	er)
. 11	arvla	and	County	Frederick
Otto on Ann	Fre	ederi	ck	
	(If o	atside city or	town limits, writ	te RURAL and give nearest toy
	OOT	Toat	Churnah	Street

County	F DEATH: ederick		
City or temen	T.1	limits, write RURAL and	i give nearest town)
Hospital, Institu	re place of death?tion, or street address wher East Church	e death occurred: 1 Street	
How long in hos	spital or Institution?		
How long in hos	NAME	JOSEPHINE	CROUSE
	NAME	JOSEPHINE	

December

illiam F. Crouse Pennsylvania

14. Maiden name. Mary 1.

15. Birthplace Frederick County Maryland

15. Birthplace Frederick Crouse

Mary E. Neidhardt

Address 227 E. Church St., Frederick, Md.

St. Johns Cemetery Frederick, Maryland

Frederick, Maryland

M. R. Etchison and Son

Frederick-Frederick-Maryland (Town, county, and state)

	MEDICAL C	ERTIFICA	ATION	
O. OATE OF OEATH	October	14th	1948	12:20
1. I CERTIFY that deal	th occurred on the date abo	ove stated; that	o clob	sed from
		1 - 0	-0	13 4

=	Immediate cause of death
nin.	Cerbraf Hemi
	Due to
	***************************************
	Oue to
	Diher conditions
00000	Diner conditions

 	<i>(J</i>	
 	*********	
 	********	

ed statistically.

(Include pregnancy within 3 mor	ths of death)
Major findings of operations	
	Date of op
Autopsy results	
PHYSICIAN: Please underline the cause to which	death should be charge
22. VIOLENCE: It death was due to external causes	, till in the toilowing;
A trans mulately as homilately	flate of

Mediaciti, opiono			
Where did Injury	occur?	(City or town)	

at home,	farm, Industry,	public	place	(where?)	
of Injury	_				injured at work?

Injured

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OCT 16 1948

BUREAU V. S.

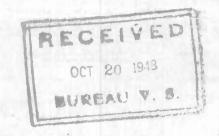
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# 2411 N. Charles St., Baltimore

2411 N. Char	rles St., Baltimore 94a
CERTIFICA	TE OF DEATH Reg. Diat. No. 3
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Davis  3. (b) Social Security Number
4. Sex 5. Color or race S.(a) Single, married, widowed, or dirorced  Wall Wildows	MEDICAL CERTIFICATION  20. DATE DE DEATH OUS SELV 5 19CLS 21 9:30 P.
6.(b) Name of husband or wife	21. I CERTIFY that deat Poccurred on the date above stated: that lattended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	and that I last saw here alive on OCT 15 1848.  Immediate cause of death Correction Durating
9. Birthplace	son anteriorder sist 3 gra
12. Name Della Marcell Darres  13. Birthplace Mederals Co. Manual  14. Maiden name Cartonia Dindra	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Wing B. Davis	Autopsy results
Address  17. Date thereof. (month) (day) (year)  Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Location Mulb-Manyland	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address Danlas and Mandard.  19. 18 Oct (Date ree'd by registrar)  19. 48 Clinabetta S. Half	23. SIGNATURE JANUARY M. D. or other  Address AM Language M. D. or other  Address AM Language M. D. or other

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The state of

2411 N. Charles St., Baltimore

1. PLACE OF D	DEATH: derick			2. USUAL RESIDE				
City or wall. (I	rederick If outside city or town I	limits, write RUI	RAL and give nearest town)	***	State Maryland County Frederick  City or teen Frederick  (If outside city or town limits, write RURAL and give nearest town.			
Hospital, Institution,	or street address where	death occurred:	tal	5 %	est 5th 5	treet give LOCATION) War 1		
3. (a) FULL NA	ME					3. (b) Social Secur	_	
4. Sex	AMES HOWARD		married, widowed, or-diverced		MEDICAL	220-10-52 CERTIFICATION	54	
Male	White		lowed	20. DATE OF DEATH		18th 1948	1 1:0	
			Day	21. I CERTIFY that deal	h occurred on the dat	e above stated; that lattended	deceased from	
7 Birth date of	y, yr.) March		tf alive, give agey	and that I last saw h	alive on	oct, 1;	Z <u></u> 1	
8. AGE: Ye	ears   Months	Days	If less than one day	Ruptured	Desorha	geal varicos	e 3 de	
			land	Due to Cirr	hosis L	iver		
18. Usual occupation	Laborer		land (e)	Due to Cirr	hosis L	iver		
10. Usual occupation	Laborer Laborer			Due to	hosis L	iver	100	
10. Usual occupatio  11. Industry or busin  12. Name	Laborer  Marion S. D  Carroll Co	ay unty, Ma	ıryland	Due to	hosis L	iner	100	
10. Usual occupatio  11. Industry or busin  12. Name	Laborer  Marion S. D  Carroll Co	ay unty, Ma	ıryland	Due to	de pregnaney with	in 3 months of death)	/ 0 /	
10. Usual occupatio  11. Industry or busin  12. Name	Laborer  Marion S. D  Carroll Co	ay unty, Ma	ıryland	Due to	de pregnancy with	in 3 months of death)	/ 0 /	
1D. Usual occupation  11. Industry or busin  12. Name	Laborer  Marion S. D.  Carroll Co  Minnie W.  Frederic  Mrs. Minnie	ay unty, Ma arfield k County	ryland , Maryland	Due to	de pregnancy with	in 3 months of death)  Date of op  to which death should be char	/ 0 9	
10. Usual occupatio  11. Industry or busin  12. Name	Laborer Marion S. D. Carroll Co Minnie W Frederic Mrs. Minnie 5 West 5th	ay unty, Ma arfield k County Jeffrie St., Fred	Maryland  State of the state of	Due to	ide pregnancy with: ations	in 3 months of death)  Date of op  to which death should be char al causes, fill in the following;	ged statistically	
10. Usual occupatio  11. Industry or busin  12. Name	Laborer  Marion S. D  Carroll Co  Minnie M  Frederic  Mrs. Minnie  West 5th  Mrs. Mount	ay unty, Ma arfield k County Jeffrie St.,Fred Date thereof	Aryland  7, Maryland  2s.  derick, Md.  October 20,19  (month) (day) (year)  Cemetery	Due to	ide pregnancy with: ations	in 3 months of death)  Date of op  to which death should be char al causes, fill in the following;	ged statistically	
10. Usual occupation  11. Industry or busin  12. Name	Laborer  Marion S. D.  Carroll Co  Minnie W.  Frederic  Mrs. Minnie  5 West 5th	ay unty, Ma arfield k County Jeffrie St., Fred Olivet ( ick, Mar	aryland  7, Maryland es derick, Md. October 20,19 (month) (day) (year) Cemetery	Due to	ide pregnancy with ations.  Inderline the cause the was due to externate the cause of the was due to externate the was du	in 3 months of death)  Date of op.  to which death should be char al causes, fill in the following:  Date of  Wen) (County)  te (where?)	ged statistically	
10. Usual occupation  11. Industry or busin  12. Name	Laborer  Marion S. D  Carroll Co  Minnie W  Frederic  Mrs. Minnie  West 5th  Mount  Freder  C. E.	ay unty, Ma arfield k County Jeffrie St., Fred Olivet ( ick, Mar	Aryland  7, Maryland es lerick, Md. October 20,19 (month) (day) (year) Cemetery yland Son	Due to	inderline the cause of the was due to externomicide?  (City or to Industry, public place	in 3 months of death)  to which death should be char al causes, fill in the following;  Date of  wn) (County)  te (where?)  Injured at work?	ged statistically	

leceased from



#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Battimore

CERTIFIC	CATE OF DEATH Reg. Dist. No. 13
1. PLACE OF DEATH:  County  City or term  (If outside city or town limits, write RURAL and give nearest town)  How long in above placs of death?  Nosnital, institution, or strast addross where death accurred:  Trederick  How long is hospitel or institution?  3. (a) FULL NAME	2.(a) it valeran, nams war
Gerald Dayhoff	3. (b) Social Security Number
Male White Single	MEDICAL CERTIFICATION  20. BATE OF BEATH October 19  21. I CERTIFY the Adsath occurred on the date above stated; that t attended deceased from
6.(b) Name of husband or wite	years and that I last saw h.i. how alive on O.C. 15 15 45
8. AGE: Years Mosths 2 Bays tf less then one dayhrs.	Immediata cause of death Status Epilepticus  Our 18 hour
8. Birthplece Frederick, Matyland (Town, county, and state) None	Due to E Pilepsy  Due to.
11. ladustry or business Paul P. Dayhoff Jr.  12. Name Maryland  13. Birthplace Elizabeth Munshaur	Bither conditions (Include pregnancy within 3 months of death)
14. Moldsn nome.  14. Moldsn nome.  Maryland  Paul P. Dayhoff Jr.  16. teformant  Lisbon, Md.	Major findings of aperations.  Date of op.  Autopay results.  PHYSICIAN: Piense underline the cause to which death shand be charged statistically.
Burial 10-21-48  [Burial evernation of research Whiteh]  Camatary or arematory Taylorsville  Taylorsville, Carroll Co., Md	Where did isjury occur?
C. M. Waltz  (B. Funeret director Winfield, Md.	Maons of Injury Injured at work?  3 SIGNATURE Servaed Human h. D.
19. 19 act 19.48 Elizabeth 9. Ted	Address Frederick, Ud - Dato signed 10/19/48

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2411 N. Charles St., Baltimore

1. PLACE OF DEA	ATH: erick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or tenn. (If o How long in above place Hospital, institution, or Frederi.	derick utside eity or town li of death?,	dealh occurred:	RAL and give nearest town)	State Maryland County Frederick  City of terms.
3. (a) FULL NAME			TH DENNIS	3. (b) Social Security Number
4. Sex	5. Celor er reca	8.(a)Single, 1	parried, widewed, or diversed	MEDICAL CERTIFICATION  20. DATE OF DEATH 19.49 21/2
8.(b) Nama of husband	or wife			21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
7. Birth deta at deceased (mo., day, y	March	7, 194	If alive, give agey	and that I last saw her have on
8. AGE: Yeera		Deya 4	It leas then one day	delle sem o entere
1D. Usual occupation  11. Industry or business	Student Public	county, and ata t School		Due to.
12. Name	rederick	County	Maryland	Ulter conditions (Include pregnancy within 3 months of death)
f 4. Melden name  9 15. Birthplece	rederick	County	Maryland	Major findings of operations.  Date of op.
16. Informent	N. Bentz	St., F	rederick. Mc 10/13/48 (month) (day) (year) Cemetery	Autopsy results.

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(Date rec'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# MANO, G 1 1 7 OCT 29 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  County Frederick  City or tests. (If outside city or town limits, writs RURAL and give nearest town)  How long in above piece of death? Life  Hospital, inelitation, or street address where death occurred:  208 East Sixth Street  How long in hospital or institution?					(For newborn i	ence (HOME) infants give residence of and ederick outside city or town lim East Sixt	of mother) Frede	
					Sireel No. 208	(If rural, gi	h Street	
3. (a) FULL N				ARD ESTERLY, S	J. S.		3. (b) Social	Security Number
4. 3ex M	5.	Celer er rece	S.(a)Sing	ie, merried, widowed, or diversed  M	28. DATE DF DEATH		r 15,	ION 19. 48 at 7:30F
S.(b) Nems et hus  7. Birth date of decaseed (mo.,				e) If alive, give egeyee	21. I CERTIFY that dea	ith occurred oo the date of	bove stated; that late 9.2.8 to De Control of the Control of th	ended decessed from
8. AGE:	Yeare 84	Months	Deys 13	If less then one day	ante	Ending Del	<b>-</b>	
10. Veuel oecupe	sineee Phi	Retired	erly	ick-Maryland state)  ty Maryland	Due to			says+
15. Birthplac	Fre	Marga	c Coun	ty Maryland sterly	Major findings of ope	ude pregnancy within		î op
ta Buri (Burial, crem Cemetery or er	al	Mount Freder	Dete then Olive	rederick, Md. 10/19/48 (month) (day) (year) t Cemetery Maryland son and Son	22. VIOLENCE: It de Accident, suicide, or h Where did Injury occu	r?(City or town	Det	wing; ie of
18. Funeral direc	tor	***************************************	rick,	Maryland	23. SIGNATURE	BON	less	M. D. obother

Frederick,

Maryland

OCT 20 1948
BUREAU V. S.

OF ATTENDED TO STAY OF THE AM

2411 N. Charles St., Baltimore

	FICATE OF DEATH Rog. Diat. No. / 44	
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State.	9.
(If outside city or town limits, write RURAL and give nearest t	town)	4
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest t	town)
	(If rural, give LOCATION)	
How long in hospital or Institution?	2.(a) If veleran, name war	
3. (a) FULL NAME Prany Theresa	Security Number 1 (b) Social Security Number 1	ber
4. Sex 5. Color or race 8/a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION	
Temale It hate Itedowed	- 20, DATE OF DEATH October 23 1848 at	1:35
6.(b) Name of husband or wife Pass 8. Eyler	21. I CERTIFY that death occurred on the date above stated; that I attended deceased for the state of the sta	rom
	years and wat I last saw h. Sac alive on Octuber 21	
7. Birth date of deceased (mo., day, yr.) August 29. 1871	Immediate cause of death	OURAT
8. AGE: Years Months Days If less than one day	A	
77 / 33hrs.	min. Chrone myocardites	7
8. Birthplace Committeling Frests Ca	Del Due to	
(Town, county and state)		
10. Usual occupation.	Due to	
11. Industry or business a Fauleugefel		
12. Name Jaseph Teiglar	Other conditions askin selections as	
13. Birthplace Committedury Mid	(Include pregnancy within 3 months of death)	
H 14. Maiden name Clingal Statisel	Major findings of operations.	
15. Birthplace Emmittaburg Ma	Major hidings of operations	
h 1(4) 118.10.	Autopsy results was done	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statist	tically.
Address humant   M.	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?)  Date thereof (month) (day)	(year) Accident, suicide, or homicide	
Cemetery or crematory Usmited Grithern	Where did injury occur? (City or town) (County) (Sta	ate)
The man to my	Injured at home, farm, Industry, public place (where?)	
Location	Means of Injury Injured at work?	
18. Funeral director	0,0 0. 10	
Address Turmont, Md	- M. trople (Sink le	U.
Oct 25 48 Rland . S. E	23. SIGNATURE M.D. or off	ter
(Date rec'd by registrar)	Registrar Address Address Date signed Date signed	125





bernit, by Dr RW. Back Dept. mel-Gy. Oct 12-1948. first received de atte Certificate loday ly Dr Baer. Elizabeth Hech 131 lect 25-1948.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

131

1. PLACE OF DEATH- County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Hospital, institution, or streel address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or rack—B.(a) Single, married, wurden, or divorced  Hemale  Married  Married	MEDICAL CERTIFICATION  20. DATE DF DEATH. 20. 19. 7.8. 21. /, 36
B. (b) Name of husband or wite. La harles. C. Frogle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 1000 8 - 1871	Immediate cause of death
8. AGE: Years Months Days It less than one day	Hylesten que Cordio Voscular
9. Birthplace	Due to
10. Usual occupation	Due to
11. Industry or business	940 10.
# 12. Name Derome Cover	Dther conditions
2 13. Birthplace Frederick County	(Include pregnancy within 3 months of death)
14. Malden name Deroft Clement  15. Birthplace Lendersch, Count	Major findings of operations
\$ 15. Birthplace Frederich Count	
18. Intermant Sparles Contragele	Autopsy results
Address Walk erginell md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
n Oct In 1911	22. VtOLENCE: If death was due to external causes, till in the tollowing:
(month) (day) (year)	Accident, suicide, or homicide
Cometery or manager of face	Where did injury occur?
Location Malpetraciell	Injured at home, farm, Industry, public place (where?)
000	Means of Injury Injured at work?
18. Funeral director.	() X X + X
Address Address That	23. SIGNATURE M. D. consthere
19 Qct 18 4 8 Elegabetta 9, Hech	ar Address Wylke will Md Date signed Clo



2411 N. Charles St., Baltimore

CERTIFICA	Reg. Diat. No. 144
1. PLACE OF DEATH: County Traderish	2. USUAL RESIDENCE (HOME) OF DECEASED: (For proches infants give residence of mother)
City er tewn(If outside city or town limits, write RURAL and give nearest town)  How long in above placs of death?	City or town(If obtaide city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where dodly occurred:	Strssi No
Hew long in hospital er institution?	2.(a) 11 veteran, nams war
3. (a) FULL NAME Settly F. Galt	3. (b) Social Security Number
4. Sex 5. Color er race 6.(a) Single, married, widowed, or divorced Temple Ithite Indowed	MEDICAL CERTIFICATION  20. DATE DE DEATH. October 2, 10:35 P
8.(b) Name of husband er wits State 9 Salt	21. CERTIFY that death occurred on the date above stated; that I attended deceased from
dscsased (mo., day, yr.) Vetaber 6. 1813	and that I last saw h AT alive on Talk 18 48
8. AGE: Years Months Days It less than one day  12 11 26	" Carebal Teumhage Sulde
9. Birihplace Italian Straff la M.d (Town, county, and atate)	Due 10. Outral asterios claminary
10. Usual occupation	Due te hez porteuria /47.
12. Name Therefore Fritelie 13. Birthplace Hestmingter, Pad	Other conditions
14. Maidsn name Assard B. 15. Birtholace Hestminetes. Pad	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace Hestminister, Pod	Date of op.
Address Philipped March Marchand	Autopsy results.  PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. Bulliand Bats thereof Date that I July B. (Burial, eremation, or removal. Whigh?)	22. VIOLENCE: If death was dus to external causss, fill in the following:  Accident, suicids, er hemicide
Cemstery or crematory. Mestanana line Camble Comp	Whers did Injury occur? (City or town) (County) (State)
Location Meximinaster Mity	Injured at home, larm, industry, public place (where?)
18. Funeral directer. D. State good of State distributions of the state of the stat	Means el Injury Injured at werk?
Address Thursmand. Ond	23. SIGNATURE DAMES M. D. or other
19. (Date rec'd by registrar)  Registrar	ar Address Turnuart . Md. Date signed 19/4/48

. Supply every item of information carefully. The edplease write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNFADIN is especially important. Physi

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2411 N. Charles St., Baltimore

Frederick, Maryland

Date signed 10-14-48

131

Reg. Dist. No.

# CERTIFICATE OF DEATH

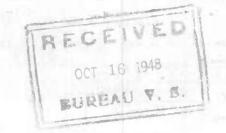
WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

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			2001				
1. PLACE OF DE	312 646		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
Geunty	************************	?:: ro 1	State Maryland County Frederick				
(If e	outside city or town	Rupal	City or town				
How long in above place Hospital, institution, or	of death?	danih aggurad	(If outside city or town limits, write RURAL and give	nearest town)			
Emerger	icy Hospi	tal	Street No. 210 East Patrick Street (If rural, give LOCATION)				
		······································	2.(a) If veteran, name war None				
3. (a) FULL NAM			3. (b) Social Securi	ty Number			
	FLOREN	CE MATILDA GEESEY	None				
4. Sex	5. Celor er racs	B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
F	W	S	20. DATE OF DEATH. October 12, 19 48	3 at 6:30A			
. 41. 9	as mile		21 I CERTIEV that death occurred on the date above stated: that I attended d	sessess from			
			Jan 1 1947, 10 Oct.	12 19 45			
7. Birth date of	Tomic	ary 27. 1860	and that I last saw n.C.L				
dsceased (mo., dey,	y(.)	Days   If less than one day	Immediate cause of death amountage	OURATION			
88	8	15					
10. Usual occupation.	None	own-Frederick-Maryla , eounty, and state)	Due to				
12. Name	ohn T. Ge Frederi	eesey ck County Maryland	Other conditions				
212	Amelia	Stull	(Include pregnancy within 3 months of death)				
14. Maiden name.		ck County Maryland	Major findings of operations				
		a Ramsburg					
10. Intermant		11	Antopsy results	ged statistically.			
Medical .	7	, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:				
Buria.	a, or removal. Winter	Dale thereof 10/15/48 (month) (day) (year)	Accident, suicide, or homicide				
Complete or committee	Utica	a Cemetery	Where did injury occur?	(State)			
Neal	r Lewist	own, Maryland	Injured at homs, farm, Industry, public placs (where?)				
	7.f T)		Meens of Injury Injured at work?				
18. Funeral director		Etchison and Son	Bernard Human				
Addison	Frede	rick, Maryland	( Shupet Mineros)	ND			



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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CERTITION	Rog. Dist. No
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Frederick	(For rewhorn infanta give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	Siete Maryland courty tradental
ow long in above piace of death?	City or term (If outside city or town limits, write RURAL and give nearest town)
wild in above piace of death	Birest No. Borth of Brunsuich
Erederick Memorial Hospital	(If rural, give LOCATION)
leng in hespital or institution? 2 hours	2.(a) Il veleran, name wer
(a) FULL NAME George Thomas	3. (b) Social Security Number
1. Sax   S. Color or regs   S.(a)Singlenmarried, widewed, or diversed	MEDICAL CERTIFICATION
male white married	20, DATE OF DEATH. 0 3- 1 10 48, st 1247
(6) Nems et hassell or wife Kathryne M. Quinn	21. I CERTIFY that death occurred so the date share stated; that I altended deceated from
	10 10 11 11
, Sirth dats st 2 / 8 %	sed that I last eaw hardelalive on
decossed (mo., day, yr.) Turulary / 01 / 00	Immediate cause of death DURATION
AGE: Years Months Baye If fees then one day	Ocula Inlusione 3 an
60 7 /3hrs.	min. 2 GUSUL
Dirihologo Pennsly vania.	Due le Caraceany QCC
(Town county, and state)	aureculka Denthe
Usual occupation Danger Torrace 1301,11	Due to
Industry or business Transhortalion	acceptal Isbrelation 104,
12. Name Vara Hall	Other conditions
13. Birthplace England	
Proces and Tinks	(Include pregnancy within 3 months of death)
14. Maidee same	Major findings of operations.
15. Birthplace Pennsly vanua	Dele el sp.
8. leterman Mrs. Sathrys n. Hall	Autopsy results
1 1.1 m	PHYSICIAN: Please andarline the cause to which death should be charged statistically.
Address Chimswell 11/4.	22. VIOLENCE: If death was due to external cosses, fill in the following:
(Burial, cremetion, erremoval, Which?) (Burial, cremetion, erremoval, Which?)	Accident, eulcide, er hemicide
1/10/ 1 2 3	Where did injury occur?
Cemelsry er equatory	
Locotion Hillsford : Milyman	Injured at home, farm, Industry, public piece (where?)
18. Funeral director la H. Feste V/310	Mesne of Injury Injured at work?
D Maryland	1207 19.
Addrese Brunsurt, Maryland.	23. SIGNATURE

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PLEASE WRITE PLAINLY, WITH UNFADING

(Date rec'd by registrar)

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BUREAU V. S.

# CERTIFICATE OF DEATH

131

CERTITICAL	Reg. Dist. No.				
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Malfield County Published (If outside city or town limits, write RURAL and give nearest town)  Street No. Residence of mother)  (If rural, give LOCATION)  2.(a) If veteran, name war.				
3. (a) FULL NAME Roberta Relecca Harrison	3. (b) Social Security Number				
4. Sex 5. Color or race 8.(a) Single, married, wildowed, or discoved wellowed.	MEDICAL CERTIFICATION  2D. DATE DF DEATH 24 10 48 21 /2:31 /				
6.(b) Name of husband or the Slough House Hausen  7. Birth date of deceased (mo., dey, yr.)  8. AGE: Yeare Months Daye If less than one day  7. Birthplace Months Daye If less than one day  10. Usual occupation Months Daye If less than one day  11. Industry or business Home.  12. Name Management Daye If less than one day  13. Birthplace Hingman Roller  14. Maiden name Mighinia Großen  15. Birthplace Mingman Complex  15. Birthplace Mingman Complex  16. (c) If alive, give age years  18. (c) If alive, give age years  18. (d) Hame Survey years  18. (d) Hame Survey years  18. (e) If alive, give age years  18. (e) Hame Survey years  18. (e) Hame Survey years  19. (e) Hame Survey years  19. (e) Hame Survey years  10. (e) Hame Survey years  10. (e) Hame Survey years  11. (e) Hame Survey years  12. (e) Hame Survey years  13. (e) Hame Survey years  14. Maiden name Survey years  15. (e) Hame Survey years  16. (c) Hame Survey years  17. (e) Hame Survey years  18. (e) Hame Survey years  19. (e) Hame Survey years  19. (e) Hame Survey years  19. (e) Hame Survey years  10. (e) Hame Survey years  10. (e) Hame Survey years  11. (e) Hame Survey years  12. (e) Hame Survey years  13. (e) Hame Survey years  14. (e) Hame Survey years  14. (e) Hame Survey years  15. (e) Hame Survey years  16. (e) Hame Survey years  17. (e) Hame Survey years  18. (e) Hame Survey years  18. (e) Hame Survey years  19. (	21. I CERTIFY that deep octured on the date above etated; that i aftended deceased from  2				
Address Sandy hork Washeyin Co Md.  17. (Burial, commence) Within (month) (day) (year)  Cemetery or crommery.	Actopsy results				
18. Funeral director	Meane of Injury  Injured at work?  23. SIGNATURE				

FOR BINDING RESERVED MARGIN PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

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Date signed.

CERTIFICATE OF DEATH Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The confeath clearly and legibly. (Formewborn infants give residence of mother) County..... City or town... How long in above place of death?..... Hospital, institution, or street address where death occurred Street No .... (If rural, give LOCATION) How long In hospital or institution?.. 2.(a) If veteran, name war .... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION causes 21. CERTIFY that death occurred on the date above stated: that Latterded deceased from 6.(b) Name of husband or Supply ever FOR 7. Birth date of deceased (mo., day, yr.) DURATION Days If less than one day 8. AGE: Years RESERVED pl ADING INK. (Town, county, and state 10. Usual occupation. MARGIN 11. Industry or business important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings of operations ...... especially PLAINLY, is especially 16. Informant PHYSICIAN: Please underline the cause to which death shuuld be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: 0 Accident, suicide, or homicide..... (Burial, cremation, or removal Which) Where did injury occur? ..... WRITE Cemetery or crematory (City or town) (County) Injured at home, farm, Industry, public place (where?) ..... Location Maans of Injury 18. Funeral director PLEASE A15 Address 23. SIGNATURE. SZ M. D. or other

Registrar

Address

(Date rec'd by registrar)



131 Reg. Dist. No.

Frederick

			TE OF DEATH	Reg. D
1. PLACE OF DEATH: Frederick  County Frederick  City or the (If outside eity or town limits, write RURAL and give nearest town)  How long in above place of death?  How long in above place of death?  201 West College Terrace  Now long in hospital or inetitution?			2. USUAL RESIDENCE (HOME) OF DECEASED  (For newborn infants give residence of mother)  Maryland  State  Frederick  (If outside city or town limits, write RURAL  201 West College Te:  (If rursi, give LOCATION)  None	
3. (a) FULL NAME	VIRGINIA	ELIZABETH HERRI	NG	3. (b) Soci
F	W	Slage married, widowed, or divorced  W  ard Herring	MEDIC  20. DATE OF DEATHOct.  21. I CERTIFY that death occurred on the second of	
T. Birth date et deceaeed (mo., day, yr.)		8.(e) It alive, give age	Det. 19	8 19 48 10
9. Birthplece	t Home	7 hre. min.  derick-Maryland and state)	Bue to	Tile See

Elizabeth Eckstine Frederick County Maryland

Addres 201 W. College Terrace, Fred 'k, Md

Frederick, Maryland M. R. Etchison & Son

Cemetery

Registrar

Maryland

Mount Olivet

Frederick.

Mrs. Harry D. Stup

Burial

Address

(Burial, elemetion, or removal, Which?)

itreet No	LOCATION)	
	3. (b) Social Security None	Number
MEDICAL CE	RTIFICATION	
O. ONIL OF BLACK	18, 19 48	
11. I CERTIFY that death occurred on the date about	re stated; that I attended dec	eaeed from
and the state of some by OPT politics on the	et. 18	19. 4
mmediate esuse of death Accept	left	DURATION
vertriedar	failure	30 mi
ue to Degenerative	- heart	
		where
luo to		
	***************************************	
Other conditions		
(Include pregnancy within 3 n		
Major fiedings of operations.		
Autopsy results	nich death should be charge	ed statistically.
22. VIOLENCE: It death was due to external cau		
Accident, evicide, or homicide	Dato ot	
Where did Injury occur?(City or town)		(State)
injured of home, farm, industry, public piece (w		
Meane of injury	tnjured at work?	

Frederick, Maryland

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### 2411 N. Charlee St., Baltimore

			ATE OF DEATH 930 Reg. Diet. N.	. 131
How long in above plants the Hospital, institution,	INT OF RO  If outside city or town ace of death? or street address where	limite, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Naryland  State  Point of Rocks  (If outside city or town limits, write RURAL and give street No.  (If rural, give LOCATION)  None	
3. (a) FULL NA		CLAY HICKMAN	3. (b) Social Sec None	urity Number
4. Sex	5. Color or race	6.(a)3ingle, married, widowed, or diversed	MEDICAL CERTIFICATION	
M	W	M	20. OATE OF DEATH. October 28, 19.	48 a 6:15P
		ace P. Paxson  6.(c) If alive, give age 62	21. I CERTIFY that death occurred on the date above stated; that I attended July 27. 1948 19. 10 Oct.	ed deceased from 28th 19 4
		14, 1870	Immediate couse of death Angina Pectoris	
O. Mus.	ears Months	Days If less than one day		hou hou
10. Usual occupation	Farmer	ounty Virginia	Due to Cardiovascular disease	
11. Industry or busi		C. Hickman County Virginia	Dther conditions	
		County Vinginia	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op	
16. Informant		ce P. Hickman	Antopsy results	horged stotistically.
17 Buri	al	Date thereof 10/31/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide	
		of Rocks, Maryland	Injured at home, farm, Industry, public place (where?)	
1B. Funeral directo	M. R.	Etchison and Son	Meens of Injury Injured at wor	14.?
Address		rick, Maryland	23. SIGNATURE.	M. D.
19. 2 9 Q	t 1948	Elizabeth & Hech	23. Signature.  Frederick, Maryland Dafe	M. D. XXXX signed 10-29-4

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2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

140

021(11110)	Reg. Dist. No.
1. PLACE OF DEATH: County Frederick City or lower 21/000001	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
City or lown	(If outside eity or town limits, write RURAL and give nearest town)
	Street No
How tong in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Laved Thomas Hils	13. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
8.(b) Name of husband or wite Soldie Surve Deru	21. I SERTIFY that death occurred on the date above etated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) Sept. 4. 1877	and that I last eaw h
7/ / 27hrs. mir	in. Caronay thou costs
9. Birthplace (Town, eounts, and state)	Toue to.
10. Usual occupation	Due to
E 12. Name Joseph Hildebrand 13. Birthplace Flederick Co. 24d	Unclude pregnancy within 3 months of death)
14. Malden name June & Twenty  15. Birthplace Frederich Ev. 242.	Majur findings of operations
18. Interment I. Poger Hildebraid	Autopsy results.
Address Woodlaboro, Tyd.  17 Burial Date thereof Mov. 3. /948	PHYStCIAN: Please underline the caose to which death should be charged statistically  22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  Cemetery or crematury.  (month) (day) (year)	Accident, euicide, or homicide
Location alfoodsboro Tyd.	Injured at home, farm, industry, public place (where?)
Addrees Woodsboro, Myd.	23. SIGNATURE Savoll & Costuday
19. /D/3/ (Date rec'd by registrar)  Registra	I Describe III act - MATT 3

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DATE		item of	PARISPS
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MANGIN MESERVED FOR BINDING		NFADING	+ Physic
(	Î	D TO	importan
		E WRITE PLAINLY, WILL UNFADING INK. Supply every item of informat	is sensoisly important Physicians, please write the causes of death
9-45-15M		WRITE F	
	7	口	

Eivdence f	or change of
given	name shown on:
FILM No. G	name shown on:

(Date ree'd by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	10470
1 - 1	

FILM No. G 117 NOV 4 1948 CERTIFICAT	TE OF DEATH Reg. Dist. No. 147
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Mary Guest County Prederick  City or town Onest County Prederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH O 25 /3 18.30 AM
B.(b) Name of husband or wife Maria & Forsest	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days It less than one day  9. Birthplace (Yown, county, and state)  11. Industry or business  12. Name Marage Maranes Mar	and that I last saw h.f
17. (Burial, cremation, or removal, Which?)  Cemetery or crematory Alland Burkettinia Malay  Location Alland Burkettinia Malay  19. Funeral director A. Full + 1310	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Address Brusseick Md.	23. SIGNATURE POW BOW Ex.
19 Oct 19 19 48 Kalleya I. Eron	Fully 140 Bate signed 8.18.48

Registrar | Address...

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MUREAU V. S.

M. D. or other

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		CERTIFICA	TE OF DEATH	Reg. Dist. No. 154	
1. PLACE OF DEATH: Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	mm1 tsburg	has, write RURAL and give nearest town) Years	State Maryland County F  Emmitsburg, Md  (If outside city or town limits, write		
	or street address where		Street No		
	or institution?		2.(a) If veteran, name war		
3. (a) FULL NAT	ME Norman	n Ziegler Hoke	3. (b) Social Security Number 2/5-07-5007		
4. Sex Male	5. Color or race white	6.(a)Single, married, widowell, or divorced	20. DATE DE DEATH.	FICATION 838	
	y, yr.) May 13		19 1 019	d; the Attended deceased from C s	
7]	5	13mi	Ceneral human	y 1200	
9. Birthplace	(Town,	Frederick co., Md	Due to. Due to.	tiseus you	
11. Industry or busin		Frailey co.			
		loke g, Frederick Co., l			
	T.vdia Ar	n Ziegler	(Include pregnancy within 3 months	of death)	
14. Maiden nam  15. Birthplace	Dillsbur rs, Mari	g, Pa. On H. Rosensta	Major findings of operations.  Autopsy results	Date of op.	
Address  Burial  Burial  Burial, cremstion, or removal. Which?)  Cemetery or crematory  Blias Lutheran Cemetery			Accident, suicide, or homicide	Date of	
Location Emmitsburg, Frederick co., Md.			Injured at home, farm, industry, public place (where?)  Means of injury		
18. Funeral director	mitsburg.	Md. D	oh.R.Ca	elle ho	

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibl

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(Date rec'd by registrar)

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2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	Keg. Dist. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced widowed;	MEDICAL CERTIFICATION  20, DATE OF DEATH
8.(b) Name of husband or wife Daniel Hours.  6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) March 14 1869	and that I last saw h.C.Ralive on
8. AGE: Years Months Days If less than one day  7 9 8 10hrsmin.	Immediate cause of death OUBATION
9. Birthplace	Due to Mitmoches gu
10. Usual occupation I Louiseurfe	Due to Strongertung - Sum
11. industry or business Home.	
12. Name Joseph Hardy 13. Birthplace Mary land.	Other conditions
	** (Include pregnancy within 3 months of death)
14. Maiden name. Unknown  15. Birthplace Unknown	Major findings of operations.
S 15. Birthplace Unknown	Oate of op.
18. Informant Harry Howard	Autopsy results
Address Reladelyses a.  17	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory St. Marys	Where did injury occur? (City or town) (County) (State)
Polar wille mid	Injured at home, farm, industry, public place (where?)
Location 20 Dec Tark Para	Means of injury Injured at work?
18. Funeral director	10 De ma
Address Brungwick Mid	23 SIGNATURE STUMBER 1992
19 Clate, 27, 1948 Kallings H. Bron (Date rec'd by registrar) Registrar	Brummh Mad M.D. or other

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING IARGIN RESERVED PLEASE WRITE

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2411 N. Charles St., Baltimore

			CERTIFICA	ALE OF DEATH	Reg. Dist. No.
1. PLACE OF DE	Fred	erick		2. USUAL RESIDENCE (HOME (For powhorn infants give residence	
City or team. Frederick (If outside city or town limits, write RURAL and give nearest town)				State Maryland	County Frederick
(If c	utsida city or town	limits, write k	(URAL and give nearest town)	City or town Frederick	mits, write RURAL and give nearest town)
How long in above place Hospital, institutica, er	et deeth?	days	4.		
Frederi	ck Memori	al Host	oital		nd Street
Hew teng in hespitet er			lays	2.(a) It veteran, name war. None	
3. (a) FULL NAM				[] Z.(u) It veteran, name war	
3. (a) FULL NAM	Bl	7 7	il Hull	CAROL GOLDSBUROUS	3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a)Singl	a, married, widowed, or diverced		CERTIFICATION
Female	White	Sir	ngle	20, DATE OF DEATH OF	be 8- 1148 11 850
				84 * 400 VICTO 1 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6.(b) Name of husband	or wite				10 48 10 ON 8 - 18 4
7. Birth date of	***************************************		c) If alive, give agey	ead that f tast saw halive on	(0) 1/2 5
decassad (mo., day, )		tober 6	5, 1948	Immediata cause of death	
8. AGE: Yaara	Months	Days	It lass then ena day	anencep	
Ū	ō	2	hrs	nin.	***************************************
Fre	ederick Co	unty Ma	aryland	Bue to	
o, ontripied	(Town	, county, and	state)		
10. Usual eccupation	Infant		••••••	Due to	
11. Industry er busines					
Mama Jo	hn L. Hul	1			
f2. NameJC	Frederi				
<b>X</b>			orough	(Include pregnancy within	n 3 months of death)
14. Maldas sama.				Major findings of operations.	***************************************
			Maryland		Date et op.
16. Informant Joh	m L. Hull	· · · · · · · · · · · · · · · · · · ·	***************************************	Autopsy results	
Address Fre	ederick, M	arvland			which death should be charged statistically.
				22. VfOLENCE: It death was due to esternal	
Burial Bate flereef Oct s 9-1948 (Burial, eremastor, or removal, Which?)				Accident, suicide, er hemicide	
Cemetery er erematory: Mount Olivet Cemetery				Where did injury eccur?(City or tow	vn) (County) (State)
Location Frederick, Maryland				Injured at home, farm, todustry, public piece	
C.E. Cline and Son				Means of Injury	Injured at work?
18. Funeral director		•	**************************************		
Address	Frederi	ck. Man	cyland	Burn	- D. Lefate mis.
9 Oct		00	. I toly to be	23. SIGNATURE	M. D. or other
(Date rec'd by re	eristrar)		Regist	ror Address tudenth,	Date signed 6 2/8/

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DING INK. Supply every item of information carefully. If Physicians: please write the causes of death clearly and leg RGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

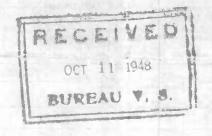
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

10480

Reg. D	iat. No	 31	••••

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick Rual	State Marshall County Dudink
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
E mesacce Despetal	Street No.
How long in hospital or institution? 4 days	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	M
Thomas Jones	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male c Widawed	20. DATE OF DEATH Oct. 3 19 48, at 78 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
e (a) lá altua elus ana	Sept. 29 1948 10 Oct 3 1948
7. Birth date of	and that I last saw h. / alive on Oct - 3 19.4.4
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
74 4 14min.	Lobar Preumonia, left lower lobe 10 days.
9. Birthplace Mant garnery Courty md.	Bue to.
10. Usual occupation (Town, county, and state)	
	Due to
11. Industry or business	
12. Name daic Jares  13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Presents for the state of t	Major findings of operations.
0 1 1 0 1	
18. Intermant	Antopsy results
Address kredenot heet	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
17. (Burial, cremetica, or removal. Which?)  Date thereot. (month) (day) (yeur)	Accident, suicide, or homicide
Complere or cramphorn Mit Grow Quelling	Where did injury occur?
2 4 7 641	
Location Little Location Little Little	Injured at home, tarm, Industry, public place (where?)  Means of Injury  Injured at work?
18. Funeral director. S. Co. Taelius	A 4
Address Parthusburg - 100d-	Bernard Hernost M.D.
500 to letter la the de	23. SIGNATURE M. D. or other
19. Determined by registrar 19. (Date rec'd by registrar)  Registrar	Address Frederick / MQ. Date signed 10/4/48



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DURATION

	TE OF DEATH  940  Reg. Dist. No. /32
1. PLACE OF DEATH:  County or lown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) II veternn, name war.
3. (a) FULL NAME Edgar B. Keller	3. (b) Social Security Number
4. Sex S. Cher or race S. (a) Single, mnrrled, widowed, or divorced smale white widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH. O £ 2/ 18 4 8 nl 2
8.(b) Name of Auctions or with Farmine Teller  7. Birth dots of decenced (ma., day, yr.)  Opril 5, 1869	21. I CERVITY I had deeth occurred oo the date above elated: I had lettended decenced from ree and that Vinet enw h MM. alive on OCT 14 1
8. AGE: Yeare   Months   Dayx   It lees than one day	Coronany Occlusion
18. Usuni sceupelion. (Town, county, and state)	Due to
11. Indostry or businese  12. Name Denry Okeller  13. Birthpines Widdletown Md.	Dther conditions
14. Milden namn Sarah Biser  15. Birthplace Middletown myd.	(Include pregnancy within 3 months of death)  Major fiodings of operations
16. Interment Mus. Carrie Reller	Actopsy resolts
(Burial, eremation, or removal. Which?)  Cemelery or cremelory	Accident, suicide, or homicide
Localion Milletonico, Mys.  10. Funeral director, Slashill G.	injured of homes form, industry, public place (where?)
Address Middletown Mrd.  18. Olf 23 18 7 8 marie Glashill (Date red by registrar)  (Registrar)	23. SIGNATURE & Harp M. D. or other  Address. A. & & & & & Date signed 1.0 - 2

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### 2411 N. Charles St., Baltimore

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Reg.	Dist.	No.	1	3

	TE OF DEATH 95 d. Reg. Dist. No. 131
1. PLACE OF DEATH:  County	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For pewhorn infants give residence of mother)  State
How long In hospital or Institution? 3 Days	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME String J. Keller	3. (b) Social Security Number
1. Sex 5. Color or raco 6. (a) Single, married widowed, or diversed	MEDICAL CERTIFICATION  20. DATE OF DEATH OCTOBER 6 19 19 20 11
6.(b) Name of husband or wife: Edward J Xeller	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
7. 8irth date of deceased (mo., day, yr.) April 17, 1865	and that I lest saw home alive on
8. AGE: Yoars Months Days If less than one daymir	n. Comany Valusion 10h
9. Birthplace M. Ory County, and atate) (Town, county, and atate)	y Due 10 Screenbyen artemai 100
10. Usual occupation	Due to
12. Name William Henry Michael  13. Birthplace Nr. Doube, Maryland	Dither conditions
14. Maiden name Jane Specht  15. Birthplace Rr. Doube Maryland	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16. Informant Mr. Grover P. Keller Address Baltimore Maryland	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cramacion, or removal, Which?)  (Burial, cramacion, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Marint Clives Cemetery	Where did inju:y occur?
18. Funeral director. C. E. Cline & Stan	Means of injury Injured at work?
19. 9 Oct 1948 Elicabeth Technology (Date rec'd by registrar)  Registra	23. SIGNATURE ATWARD W. Dela M. D. or other  Address Trelesick Ris Date signed

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**基度計算**。

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Englani ob	State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest to	wn) Fracioni ak		
How long in above place of death? 12 years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:  Linden Hills	Street No. Linden Hills		
mindi iillia	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Elizabeth Shepley Kl			
4. Sex 5. Color or race 6.(a) Single, marded, widowed, or disperen	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH. October 20th 19 48 at 3:30A.		
6.(b) Name of husband or Keller R. Kline	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	June 19 45 10 Oct 20 19 48		
7. Birth date of	and that I last eaw h evalive on Oct 19		
deceased (mo., day, yr.) July 20-1879	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Carriery accument 1 day		
69 3 0hrs.			
9. Birthplace	Dug 199		
	Chr. Neg Ruhyhio as thatis 6 yrs		
10. Usoal occupation	Due fo		
11. Industry or business Home			
Martin Gaver  12. Name Martin Gaver  13. Birthplace Ellerton, Md.	Other conditions		
13. Birthplace Ellerton, Md.	(Include pregnancy within 3 months of death)		
트 14. Maiden name Susan Cline			
14. Maiden name Susan Cline 15. Birthplace Ellerton, Md.	Major findings of operations.		
16. Informant Marion Paul Shepley- Son	Date of op.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Linden Hills- Frederick, Md.	an AUGUENCE It doubt was due to external square fill in the following:		
Burial Burial (Burial, Gremation, or removal, Which?)  Bate thereof Oct. 22-194 (month) (day) (y	Accident, suicide, or homicide		
Cemetery or crematory Frederick Memorial Park	Whers did Injury occur?		
Location West of Frederick, Maryla			
18. Funeral director. C.E.Cline and Son	Means of Injury Injured at work?		
Address Frederick, Maryland	23. SIGNATURE 49 Deut no for mid.		
19. 21 act 1948 Elizabeth & th	M. D. or other		
(Dato rec'd by registrar)	Registrar Address Seelles PM Date signed 10-21-		

WITH CAFADING INK. Supply every item of information carefully. The coy important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

Frederick Purel					2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  County  County			
How long in above	w long in above pisce of death?			<b>:</b>	City or town Frederick-Rural R. F. D. #3  (If outside city or town limits, write RURAL and give nearest town)  Rocky Spring			
How long in hos	pital or inst	litution?	Zears		(If rural, NO)	, give LOCATION) NE		
3. (a) FULL 1				KORRELL	3. (b) Social Security N			
4. Suz	5.	Ceier or race	9.(a)Singl	e, married, widowsd, or diverced	MEDICAL	CERTIFICATION		
M		W		W	20. DATE OF DEATH	ober 9th 194	8 , 6 A	
				Burrier	21. I CERTIFY that death occurred on the da	its above etated; that I attended	deceased from	
To mink date of			8.(	e) If allive, give sgsyssm 53	and that I lest sew h. i. h. alive on	Oct. 8		
dacsesod (ma.	., day, yr.)	July 2	25, 18		Immediate cause of death	***************************************	DURAT	
8. AGE:	Yssrs 95	Months 3	Days	tf isss than one day	Cerebral hemorrhay	<u>L</u>	eweel	
	3	Mono		ick-Maryland	Dus to			
18. Veuat occup	business	Mono		tate)	Duo to			
10. Veuat occup	business John Ge	None n A. Ko ermany	orrell		Due to			
10. Usual occup 11. Industry or b 12. Rame 13. Birthple	business John	None n A. Ko	orrell		Other conditions	hin 3 months of death)		
10. Veuat occup  11. Industry or I	business John	None n A. Ko ermany Elizabe	orrell		Other conditions	hin 3 months of death)		
10. Usual occup 11. Industry or b	business John name Ge Noal	None n A. Ko ermany Elizabe ermany h A. Ko	orrell eth Sh	erman	Other conditions	hin 3 months of death)  Date of op		
18. Usuat occup  11. Industry or b  12. Name  13. Birthple  14. Maldon  15. Birthple	business John name Ge Noal	None n A. Ko ermany Elizabe ermany	orrell eth Sh	erman	Due to	hin 3 months of death)  Date of op  to which death should be char		
10. Usuat occup 11. Industry or It HIVE 12. Rame 13. Birthple 14. Maidon 15. Birthple 16. Informent Address	patien	None n A. Ko ermany Elizabe ermany h A. Ko dletown	eth Sh	erman Yland	Due to	hin 3 months of death)	rged statistically.	
10. Devat occup  11. Industry or b  12. Rame  13. Birthple  14. Maidon  15. Birthple  16. Informent  Addrees  Pur  (Burial, eres	name Good Noal Middial	None  n A. Ko ermany Elizabe ermany h A. Ko dletown	eth Sh	erman	Other conditions	to which death should be channel cause, fill in the following;	rged statistically.	
10. Usuat occup  11. Industry or b  12. Rame  13. Birthpis  14. Maidon  15. Birthpis  16. Informent  Address  17. Bur  (Burial, erest	business John nams Noal Middial	None  n A. Ko ermany Elizabe ermany h A. Ko dletown	eth Shorrell Mar  Oststee	erman  yland  (month) (day) (year)  g Cemetery	Due to	to which death should be channal causes, fill in the following:  Date of	rged statistically.	
10. Usuat occup  11. Industry or b  12. Rame  13. Birthpis  14. Maidon  15. Birthpis  16. Informent  Address  17. Bur  (Burial, erest	pation business John ans Gree Go Noal Middial community ear 1	None  n A. Ko ermany Elizabe ermany h A. Ko dletown Rocky Freder:	eth Shorrell  Mar  Sprin  ick, M	erman  yland  10/11/48  (month) (day) (year) g Cemetery aryland	Other conditions	to which death should be channal causes, fill in the following:  Date of	rged statistically.	
10. Usuat occup  11. Industry or b  12. Name  13. Birthple  14. Maidon  15. Birthple  16. Informent  Address  Pur  (Burial, cree  Cemetery or c  Location	business John nams Noal Middial cremator ear 1	None  n A. Ko ermany Elizabe ermany h A. Ko dletown Rocky Frederi	eth Shorrell  Mar  Betthe  Sprin  ick, M	erman  yland  (month) (day) (year)  g Cemetery	Other conditions  (Include pregnancy with Major findings of operations	to which death should be channel cause, fill in the following:  Date of  Date of  Date of  Own) (County)  ice (where?)  Injured at wark?	rged statistically	

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January &

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF, DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Trusterick	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mary Land County Totallule
	(if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	11 6007 13 17.
11 East 13 St	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3.(a) FULL NAME 61. 24.	O D 1 3. (b) Social Security Number
Olow Marlina anderson	La Pole
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Towall white morned	20. DATE OF DEATH. 1948 21 6:5J.F.
Plale & Pola	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	April 29 19 48 10 10 18 18 18 18
7. Birth date of	ars and that I last say n & R aliver on A JA 28 19 48
deceased (mo., dey, yr.)	
8. AGE: Years   Months   Days   It less than one day	Immedia cause of death UNA ANAMAN OURATION
64 9m	
mareland	
8. Birthplace	Que to
10. Usual occupation Household	, 'y'
11. 0	Due 10
11. Industry or business	
12. Name Littingla Station Stations	··· Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary 6 lighteth II hallen  15. Birthpiace Mary Land	
15 Richnigge Man Land	Major findings of operations.
la la la 4 - Pala	— Qate of op.
16. Informant O. Hallo	PHYSICIAN: Please underline the cause ta which death abautd be charged statistically.
Address Brumserick Mil	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Buriat, cremation, or remova) Winch?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide
(Buriar, cremation, or removal Winch?)  (Buriar, cremation, or removal Winch?)  (Buriar, cremation, or removal Winch?)	
Cemetery or crematory	Where did injury occur?
Location Bullwhile Md.	Injured at home, farm, Industry, public place (where?)
1 212. A. Ban	Means of Injury   Lajured at work?
18. Funeral director.	WW. Alm
Address Businessial Mila.	23. SIGNATURE
1. Pot 30 148 Hather IN Brown	M. D. or other
(Date rec'd by registrar) Registr	ar Address Date signed

PLAINLY

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PLEA



2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH:  County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother) State		
How long In above place of death?  Hospital, institution, or street address where death occurred:  How long In hospital or Institution? 7-22-48 - 10-6-48	City or town		
3. (a) FULL NAME Vernonica Leuro.	2.(a) 11 veteran, name war.  3. (b) Social Security Number		
Jense S. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH		
7. Birth dats of deceased (mo., day, yr.)  7. An . 4, 1864	and that I last saw h P.M. Vive on O G 18. KS		
8. AGE: Years Months Days It less than one day Q 2hrsmin.	Immediate cause of death 7 left hips 22 with		
8. Birthplace (Town, eounty, and atate)  10. Usual occupation.	Due to.		
11. Industry or business  12. Name	Other conditions		
13. Birthplace  H 14. Malden name	(Include pregnancy within 3 months of death)  Major findings of operations		
18. informant has Educade Land	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. (Burial, cramation, or removal, Which?)  Cemetery or orangery: Clarks have Cemeter.	22. VIOLENCE: 11 death was due to external causes, Ill In the following:  Accident, suicide, or homicide. A Carlott Bate of July 22 48  Whers did Injury occur? (City or town) Councy (State)		
Location Challed ms  18. Funeral director & C. Santala	Injured at home, 1arm, Industry, public place (where?)  Means of Injury Turned & fell on flyinged at work?		
Address Saithershing Ins.	23. SIGNATURE P.W Brew Go. M. D. or other The selection of the second of		
(Data rec'd by registrar) Registrar	Address Fuelwark, And Date signed 10.6.48		

WRITE PLAINLY, WITH UNFADING-IME. Supply every item of information carefully. I've correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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2411 N. Charles St., Baltimore

ation carefully. The cth clearly and legibly.

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M C W  B.(b) Nems st-hysburd or wife Fannie M. Gray  7. Birth dats of decessed (mo., dey, yr.) (Unknown) 1887.  8. AGE: Yeers Months Deys If less then one dey 59? hrs.  9. Birthpleca Hyattstown-Montgomery-Mar (Town, county, and atate)  10. Ususl occupation None  11. Industry or business  12. Namo Unknown  13. Birthplace Unknown  14. Maidon name Unknown  15. Birthplace Unknown	4. Sax	5. Calor or race	1 8.(a)Sinel	e, married, widowed, or div
1. Birth date of decessed (mo., dey, yr.) (Unknown) 1887.  8. AGE: Yeers 59? Months Deys If less then one dey 59? hrs.  8. Birthplece Hyattstown-Montgomery-Mar (Town, county, and state)  10. Usus! occupation None  11. Industry or business  12. Namo Unknown  13. Birthplace Unknown  14. Maidon name Unknown  15. Birthplace Unknown  16. Interment Rudolph Lyles  Address 114 East St., Frederick, A  Burial (Burial, cromation Wilch!) Geto thereof (month) (day Comotory or atemptary Frederick, Maryland Location M. R. Etchison and S.		1		
8. AGE: Yeers   Months   Deys   If less then one dey   hrs.   hrs.   hrs.    8. Birthpleca   Hyattstown-Montgomery-Mar (Town, county, and state)   Noine    10. Usual occupation   Noine    11. Industry or business   Unknown    12. Name   Unknown    13. Birthplace   Unknown    14. Maidon name   Unknown    15. Birthplace   Unknown    16. Interment   Rudolph Lyles   Address   114   East St., Frederick, I    17. Burial   Deto thereof   10/6/48    (Burial cromatics   Fairview Cemetery    Comotory or agenciary   Fairview Cemetery    Location   M. R. Etchison and S.	7. Birth dats of	IInkno		
(Town, county, and state) None  10. Usual occupation. None  11. Industry or business  12. Name. Unknown  13. Birthplace Unknown  14. Maidon name. Unknown  15. Birthplace Unknown  16. Interment Rudolph Lyles Address 114 East St., Frederick, In Burial (Burial, cromation, state of the color of	8. AGE: Y	eers Months	Deys	
10. Ususl occupation. None  11. Industry or business  12. Name. Unknown  13. Birthplace Unknown  14. Maidon name. Unknown  15. Birthplace Unknown  16. Interment Rudolph Lyles  Address 114 East St., Frederick, A  Burial (Burial, cromatics) (month) (day  Comotory or agencial Ville) (month) (day  Comotory or agencial Ville) (month) (day  Fairview Cemetery  Frederick, Maryland  18. Funorsi director. M. R. Etchison and S	8. BirthpieceH	yattstown	-Montg	omery-Mar
12. Name Unknown 13. Birthplace Unknown 14. Maidon name Unknown 15. Birthplace Unknown 16. Informed Rudolph Lyles Address 114 East St., Frederick, A  Burial Deto thereof (month) (day Comotory or attendary Fairview Cemetery Location M. R. Etchison and S	10. Ususl occupati	None		
13. Birthplace Unknown  14. Maldon name Unknown  15. Birthplace Unknown  16. Interment Rudolph Lyles Address 114 East St., Frederick, A  Burial (Burial, cromatics, Whiteh) (Comotory or atemator) Fairview Cemetery Location M. R. Etchison and S				
14. Maldon name Unknown  15. Birthpiace Unknown  16. Interment Rudolph Lyles Address 114 East St., Frederick, In Burial Deto thereof (month) (day Comotory or greened) Fairview Cemetery Location M. R. Etchison and St.	12. Namo 13. Birthplace		known	
Address 114 East St., Frederick, I  Burial (Burial, cromotory or granular)  Comotory or granular)  Fairview Cemetery  Location  M. R. Etchison and St.	14. Maidon na	we Unknow		wn
Burial Deto thereof. (month) (day Comotory or greenets) Fairview Cemetery  Location M. R. Etchison and St. Funorsi director.	7 7			derick, M
Fairview Cemetery Frederick, Maryland M. R. Etchison and S	Danni	al	Deto ther	
Location Frederick, Maryland M. R. Etchison and S		זומי המו	iew Ce	
18. Funoral director. M. R. Etchison and S		Frede		
18. Punorsi director			***************************************	
Address 22000210119 mai yiand				
		И	ri ek	Marvland

1. PLACE OF DEATH: Frederick

3. (a) FULL NAME

How long in above piece of death?.....

Hospital, institution, or street address where death occurred:

Montevue - Conservator

2. USUAL RESIDENCE (HOM) (For newborn infants give resider Maryland	Frederick
State Frederick City or town (If outside city or town	limits, write RURAL and give nearest tov
Street No. 207 Phebus	
(1f rural 2.(a) If veteran, name wer Non	, give LOCATION)
	3. (b) Social Security Number
MEDICA	L CERTIFICATION
20, DATE OF DEATHOct	ober 4th 19 48 at 2
21. I CERTIFY thet deeth occurred oo the d	ate above steled; that I altended deceased from
Sept. 5	19.48, 10.
and that I last sew h.l.M.c.elive on	Oct. 3
mmediate cause of death Brebrok hemorrho	ge 10
Due to	
Due to	
Duo 10	
Duo 10	
Duo 1 o	
Duo 1 o	hin 3 months of death)
Other conditions	hin 3 months of death)
Other conditions  (Include pregnancy wit	hin 3 months of death)  Dete of op.
Other conditions	hin 3 months of death)  Dete of op.  to which death should be charged statistics and courses, fill in the following;
Other conditions	hin 3 months of death)  Dete of op.  to which death should be charged statistics nel ceuses, fill in the following;  Octo of
Other conditions	hin 3 months of death)  Dete of op.  to which death should be charged statistics and courses, fill in the following;
Other conditions	hin 3 months of death)  Dete of op.  to which death should be charged statistics nel ceuses, fill in the following;  Oeto of

Frederick, Maryland



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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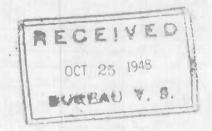
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Reg. Dist. No. 131

Address Fredericks Md Bate signed 10/19/48.

1. PLACE OF DEATH: County Lucience	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
4 0	state med county Frederic
(If outside city or town limits, write RURAL and give nearest town)	State
	(if outside city or town limits, write EURAL and give nearest town)
ow long in above place of dealh?	
ospitat, Institution, or street address where death occurred:	Street No.
117 West 3 5	(If rural, give LOCATION)
iow long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	Deer Mar Gell 3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, matried, wildowed, or divorced	MEDICAL CERTIFICATION
Course while urdened	20. DATE OF DEATH October 19 19 48 21.5:15.
D. Tend T. mac Hel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	October 14 10 48 10 Detaler 1910
(dead) 8.(c) If alive, give age	vears 0 + A e . 16
7. Birth date of 4 1874	and that I last saw have alive on the same alive of the same alive
deceased (mo., day, yr.)  R ACE- Years Months   Days   If less than one day	Immediate cause of death Cleane disabilities DURATIO
8. AGE: Years Months Days If less than one day	of the heart I has
74 3 /5hrs.	
To Took A med	Chapming Managardition with
9. Sirthplace (Town, county, and state)	Due to Charling My and all will
(AUTIL, COLING); and some)	
10. Usual occupation	Due to.
11. Industry or business	
E 12. Name De Edw Berulus	Other conditions
13. Birthplace Middle levery md	
man Clargeof	(Include pregnancy within 3 months of death)
E 14. Maiden name Man Classes	Major fiadings of operations.
\$ 15. 8 rthplace Tederis, md	Date of op.
Char made 4000	
18. Informant	Antopsy results
Address tredent mel	
5 1 1 1-1111	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation or removal. Which?)	Accident, suicide, or homicide
met poit	
Cemetery or cremetory	Where did injury occur?
Location Trederch, onel	Injured at home, farm, industry, public place (where?)
0, 100 0 - 0	and the second of the second o
18. Funeral director. Heren 7. Carly Ce	S. House of triplet
12.60- 6 m/n/	
Address Trederich men.	23. SIGNATURE LEther + Wishward M.
21-at we see that 4 the	M. D. or other
(Date rec'd by registrar) Regi	istrar Address Fundericles Ma Date signed 10/19/



2411 N. Charles St., Baltimore

CERTIFICAL	IE OF DEATH Reg. Dist. No. / 7-7
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanty give residence of mother)  State  County  City or town.  City or
3. (a) FULL NAME Rasmi Olivia	Maskley . 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Terrolle Thate Thistorical	MEDICAL CERTIFICATION  20. DATE OF DEATH OC. 21 19.48 21 1230 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that altended deceased from  19.48 to 4.2/ 19.48  aed that I last saw h. 27 alive on 4.20
8. AGE: Years Months Days If less than one day  79 4 2 hrs. min.  9. Birthplace (Town, county, and state)	Immediate cause of death DURATION  Organic Frank desant Mysconlite 6 mos
11. Industry or business  12. Name Martin A. Sural  13. Birthplace Lyase Lagrange May	Dther conditions
14. Malden name have Singles and .	Major findings of operations
Address  Address  Date thereof. (month) (day) (year)  Cemetery or crematory.	Antopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: if death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director M: D. State Magalist 2.	tnjured at home, farm, industry, public place (where?)  Mesns of injury  Injured at work?
Address  19 Oct 22 1948 Blauche S. Eyler (Date rec'd by registrar)  Registrar	23. SIGNATURE Chees Tray  M. D. or other  Address Date signed 10/21/48.

PLEASE WRITE PLAINLY

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OCT 25 1948

BUREAU V. S.

				TE OF DEATH  Reg. Dist. No. 131
How tong in above pl Hospitel, institution 503 Wes	lerick rederick If outside city or town life lace of death?Life , or alreel address where et Second	mits, write R e deeth occurred Street	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  Frederick  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  None
3. (a) FULL NA		MADGE	LINE MARTZ	3. (b) Social Security Number None
4, \$ee	5. Celer er race	8.(a)Single	, married, widowed, or dispresed	MEDICAL CERTIFICATION
F	W		W	20. OATE OF DEATH. October 10, 19 48 at 1
7. Birth data of deceased (mo., de	ay, yr.) May 23	3, 18		21. I CERTIFY theil death occurred on the date above etalog; that I attended deceased from  12. to 12. to 12. to 13. to 14. to 15. to 1
o. Ada.	Months 4	Daye 23	It lees than one day	mocaded double sime 1
10. Usual occupetion	At Home	e ntz	ck-Maryland	Due to
14. Malden na 15. Girthplace	Frederick	k Cour	nty Maryland	Major findings of operations
Miss Eleanor C. Martz  Address 503 W 2nd St., Frederick, Md.  Burial 10/12/48				Autopsy results.  PHYStCIAN: Please underline the cause to which death should be charged statistically  22. VIOLENCE: If death was due to seternal causes, fill in the tollowing:
(Buriet, creme	Mount ( Freder	ick, l	(month) (day) (year) Cemetery Caryland	Accident, eulcide, or homicide
18. Funeral directo			son and Son Saryland	Meene of Injury tnjured at work?  23. SIGNATURE A. G. CLASS.

Frederick, Maryland

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DURATION

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### CERTIFICATE OF DEATH

		CERTIFICA	TE OF DEATH	Reg. Dist. No. 139	
How long In above place of der Hospital, Institution, or street Maryland T	ick Sanator city or town lin alh? Sing t address where to ubercu	rium mits, write RURAL and give nearest town) ce 10/13/48 death occurred: losis Sanatorium ce above date	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland  County		
3. (a) FULL NAME				3. (b) Social Security Number	
Samuel L.	McCall	lister		Does not have	
Male 5.0	White	6.(a)Single, married, widowed, or divorced  Married (Sep.)		er 17, 19 48, 31 6;	
			and that I last saw himallve on  Immediate cause of death	10/17/48 10/17/48 rculosis Unkr	
10. Usual occupationAm	usemen	Maryland county, and state) t Park Business Callister hia, Pa.	Due to		
14. Maiden name Ra	chel L	oughery		within 3 months of death)	
101 111011111	<u>iladel</u>	phia, Pa. Sister	Autopsy results		
	Varkus Baltini Luc. Jo	ore G. Md.	Where did Injury occur?(City of	ternal causes, till in the following;  Dale of	

PLEASE

(Date rec'd by registrar)

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FOR

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Registrar

D. or other

. Date signed.....

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OCT 20 1948

BUREAU V. S.

BINDING

TO A HELD ON THE SANSH THE COURSE OF A 10 1 DITABLE WEDLING a representation ( Sandala al 

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If rural, give LOCATION) 3. (b) Social Security Number

Nospilal, institution, or street address where deeth occurred: Hew long le hospitel or institution? 3. (a) FULL NAME 7. Birth dete s1 decassed (me., dey, yr.) tt less than one dey 8. AGE: (Town, county, and state) 11. Industry or buckess

1. PLACE OF DEATH: .

information carefully. The

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(include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: It deeth was due to esternal causes, till in the tollowing

(City or town)

Injured et home, term, Industry, public place (where?) .....

Accident, suicide, or homicide.....

MARYLAND STATE OF DEATH

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BUREAU V. S.
OCT 15 1948

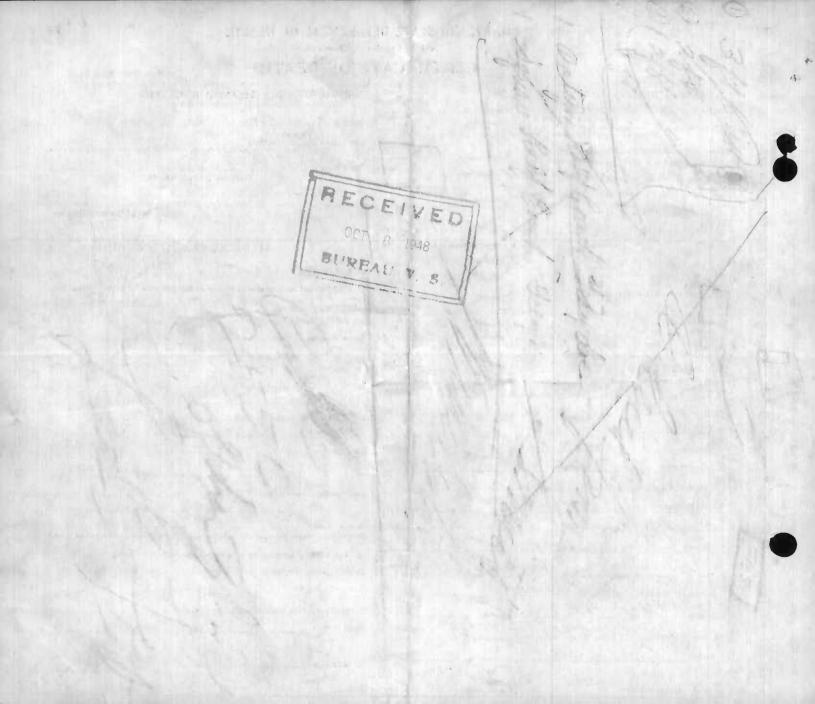
#### CERTIFICATE OF DEATH

131

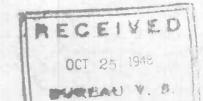
CERTIFICA	TE OF DEATH Reg. Dist. No. 131
1. PLACE OF DEATH:  County  Cilly or John (If outside eity or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or skreet address where death obsurred:  Mullium How tong in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Fur rewhorn Infanta give residence of mother)  State
3. (a) FULL NAME Thomas Z. Myer	3. (b) Social Security Number
Male white Single merried widowed or diverces	MEDICAL CERTIFICATION  20. DATE OF DEATH OLL 3 1948 11 18.
6,(b) Name of hueband or wife	197 10 000.2 1971
deceased (mo., day, yr.)  8. AGE: Years   Mofile   Daye   If less than one day	Immediate cause of death
9. Birthplace (Toyn, county, and state)  10. Usual occupation.	Due to.
11. toduetry or businese  12. Name & arskon myss  13. Birthplace Many Land.	Diher conditions
14. Maiden names Lucy Jane Carver 15. Birtholace Maryland	(Include pregnancy within 3 months of death)  Major findings of operations.  Oate of op.
18. Informant Man Line of G. Mysels Mills	Antopay results PHYSICIAN: Please underline the cause to which death about  be charged statistically.  22. VIOLENCE: tt death was due to external causes, fill in the following:
(Burial, argmation, as sensed, Whiteh)  Cemelery or exemptory.  Description:  Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Location Subjection A Petter Bro	tnjured at home, tarm, Industry, public place (where?)
19. H. Oct. 19. V8. Elizabett y Hecks (Date rec'd by registrer)	23. SIGNATURE A. A. G. G. G. M. D. or other

MARGIN RESERVED FOR BINDING

VS A15



	2411 N. Charles St., Baltimore 93.0
CE	RTIFICATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war 3. (b) Social Security Num
4. Sex 5. Color or race 6.(a) Single, married, widows  bessele white single	Cl (Siste Mary Joseph) none  MEDICAL CERTIFICATION  20. DATE OF DEATH. O. J. 20 - 1948 at
deceased (most out, tres	21. I CERTIFY that death occurred on the date above stated: that I attended deceased for the second
8. AGE: Years Months Days If less than 6 76 / 2	1 and Madarus
11. Industry or business  12. Name 2 12. Name 2 13. Birthplace 2 reland	Other conditions (Include pregnancy within 3 months of death)
16. Informant Records of Vittal	Autopsy results
Address  17.	22. VIOLENCE: If death was due to external causes, fill in the following;  a) (day) (year)  Accident, suicide, or homicide
18. Funeral director. Having E. Coan Address Fuedlewh	Injured at home, farm, industry, public place (where?)  Meens of injury  Injured at work?  Injured at work?
19. 2 Oct 19. 48 Elizabel	23. SIGNATURE M. D. or atl  Registrar Address I reflequence And . Date signed . O.



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#### 2411 N. Charles St., Baltimore

#### CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: Stederick memorial Rospital County Sederick Co.  City or town. (17 outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or etreet address where death occurred:  Lack March Mar	Street No. Pural	Bounty Location Burney Bounds (September 1997)  Bounty Location Burney B
3. (a) FULL NAME Boy Boy Page Charles M.	AKION YXL	3. (b) Social Security Number
4. Sex   B. Coler or race   B. (a) \$\ingle, mberiod, widowed; or divorced		CERTIFICATION  1. 2 L = 10 Y 8 , or 1 42 mm.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the de	to above atated; that I attended deceased from  18 % 5 , to Oat 2 2 - 18 % 5  2 2 18 % 5
8. AGE: Yeare Moathe Days It less than one day  O O D	Due to L. Sipper -	DURATION  LOK (6 Mos. +) 2 days
10. Veust occupation	Due to	
12. Name Mr C Meredithe Page 13. Birthplace Mangland	Bither conditions	
14. Maiden name Benerly B. Borrer.  15. Birthplace Washington D. C.	Major fisdiags of operations	
16. Informant C. Meredelli Yoge Address I danielow, Mel		to which death should be charged statistically.
17. Date thereet   0   2,2   4 8 (Burial, coemation, or removal. Which?)   (Burial, coemation, or removal. Which?)	22. VtOLENCE: If death was due to extern Accident, suicide, or homicide	Date et
Location		ce (where?)
Address Addres	23. SIGNATURE By	d. White his
(Date rec'd by registrar)  Registrar	Address / who was	had. Date signed 1 of a / 48

UNFADING INK. Supply every item of information carefully. The tant. Physicians: please write the causes of death clearly and legible

WRITE PLAINLY, WITH is especially impor

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## 2411 N. Charles St., Baltimore

M	CERTIFICAT	E OF DEATH Reg. Dist. No. 3
information carefully. The corof death clearly and legibly.	1. PLACE OF DEATH: Jreserick  County Frederick  City or term (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Aboptial, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
rmati	3. (a) FULL NAME	3. (b) Social Security Number 215-14-2336
auses of	4. Sex 5. Color or race 6.(a) State married, widowed, or divorced  Temple white married	MEDICAL CERTIFICATION  2D. DATE OF DEATH. 5. 30A. N
I UNFADING INK. Supply every item of it rtant. Physicians: please write the causes	8. AGE: Years Months Days If less than one day  5. Birth place Testerick County manyland  10. Usual occupation machine Escator  11. Industry or business Failouing Company  12. Name milton Of Smith  13. Birthplace Fuederick Co. My.  14. Maiden name Louise Foreman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 and that I last saw h. 7. above on  Immediate cause of death  DURATION  Due to  Due to  Other conditions  (Include pregnancy within 3 months of death)
E PLAINLY, WITH UNH is especially important.	14. Maiden name. Louise Foreman  15. Birthplace Frederick Co. Ind.  16. Informant Ralph N. Z. Potts - Son  Address 2 Hamilton ave Frederick Ind.  17. Burial Date thereof 10 - 6 - 1949  (Burial, cremation, or remains Minch?)  Demetery or cremation, or consistent Minch?)  Demetery or cremation, or consistent Minch?)	Major fieldings of operations.  Date of op.  Autopsy resolts.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (State)
PLEASE WRITE	Location near Hoodsbore - Md.  18. Funeral director. C. E. Cline & Low  Address Frederick maryland  19. H. Oct. (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Injured at home, tarm, industry, public place (where?)  Means of injury  Injured at work?  Druly Weed  Ex.  M. D. or other  Address Date signed (O.A. Y



### CERTIFICATE OF DEATH

CERTITICA	Reg. Dist. No
1. PLACE OF DEATH: County Frederic	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?	State County County City or teem (If outside city or town limits, write RURAL and give nestest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution? Go Steep	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced male while married	MEDICAL CERTIFICATION  20. DATE OF DEATH OSE. 55 1948 21/24 &
6.(b) Name of hysband of wife May good B. Rambug  6.(c) If alive, give age 6.3 years	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  4. C. C. S. 24	and that I last saw have alive on Oct. 5 19 75
9. Birthplace Full (Town, county, and state)  10. Usual occupation. The Laboratory occupation occupation.	Due to Due to Seleviers & 24 24 24 24 24 24 24 24 24 24 24 24 24
11. Industry or business Cecilo repair  12. Name Jalum H. Ramsburg  13. Birthplace Braddock Ind	Dther conditions
14. Malden name Clies Dickals  15. Birthplace Fueders md	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant May. W. M. Rauling St., Address Freeling and	Antopsy results
17 Burial, example of the second of the seco	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or crematery  Location  Location	Where did injury occur? (City or town) (County) (State)  injured at home, farm, industry, public place (where?)  Means of injury injured at work?
18. Funeral director	23. SIGNATURE DD M. D. or other
(Date red'd by registrar)	Address Producik, Visk Date signed 416 45

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2411 N. Charles St., Baltimore

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			CERTIFICA	TE OF DEATH	Reg. Dist. No. 101	
1. PLACE OF DEA	erick			2. USUAL RESIDENCE (HO (For newborn infants give re	esidence of mother)	
H'2201	deniele			State Maryland	County Frederick	
How long in above place	of death?4(	) year	d:	(if outside sity or	City or Least (if outside city or town limits, write RURAL and give nearest town 321 West Patrick Street	
321 West	Patrick	Stre	et .	[ (1f	rural, give LOCATION)	
How long in hospital or	Institution?			2.(a) If veteran, name war	one	
3. (a) FULL NAME	BERTII	E BARE	RAY		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Sing	h, married, widowed, or divorced	MEDI	CAL CERTIFICATION	
F	177		M		ctober 14, 1948 1	
	Elme	er I.	Rav	21 I GERTIEV that death accurred on	the date above stated: that I attended deseased from	
6.(b) Name of husband	07		66	1 plotter 1	19 48 10 October 14	
7. Birth date of deceased (mo., day, y		ary 20	(c) It alive, give age 66 ye	and that I last saw harmalive of	oche 14/	
8. AGE: Years	Months	Days	if less than one day	Immediate/cause of death		
66	8	24	hrs	in. Crebrol H	emershage_	
AA I I I I was booken			ty Maryland	Due to		
13. Birthplace	rederic	c Coun	ty Maryland	(Include pregnane	w within 3 months of death)	
置 14. Malden name	Annie	McCorm	i ck	Major fiediogs of operations		
15. Birthplace F	rederic	k Coun	ty Maryland		Date of op.	
				Antoney results	***************************************	
		ick St	., Frederick, Me	PHYSICIAN: Please coderline the	cause to which death should be charged statistic	
Danial			10/17/48	22. VIOLENCE: If death was due to	external causes, fill in the tollowing;	
(Burial, crometion	or removal Which				Date of	
Cemetery or <del>oremato</del>	Mount	OTIVE	t Cemetery		y or town) (County) (State	
Location	Frede	rick,	Maryland	fnjured at home, farm, Industry, pub	<sup>11</sup> c place (where?)	
18. Funeral director	BE D	Etchi	son & Son	Meane of Injury	Injured at work2	
Address		rick,	Maryland	Arwa	ed W- ach M	
11. 6.1	19 48	CI	izabeth & Hack	201 01011212	M D or other	
(Date rec'd by re	gistrar)		Regist	rar Address Juedeu	ck hus Date signed 10-	

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A15	PLEASE
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CERTIFICA	IE OF DEATH Reg. Dlut. No	131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland county the lenner	
(If outsida city or town limits, write RURAL and give nearest town)	City or town (if outside city or town limits, write RURAL and give no	
How long in above place of death?		eareut town)
Frederick memorial Hospital	Street No. Route # 2 (If rural, give LOCATION)	
How tong in hospital or tactitution?	2.(a) tt veteran, name wer	
3.(a) FULL NAME David a. Rippeon Vr.	3. (b) Social Security	Number
4. Sex 5. Color or roce 6.(a) Shight, married, widowed, or differed	MEDICAL CERTIFICATION	
male white Simile	20. DATE OF DEATH OCTOBER 19 10 48	320
7	21. I CERTIFY that death occurred on the data above utated; that I alterded date	
6.(b) Name of hueband or wife	Oct 19 1048 10 Oct	19 1048
7. Sirth dats of	eed that I last saw h. Ann. alivs on	184
decuused (mo., duy, yr.)  R AGE - Yuars   Months   Days   tf less than one day	Immediate cause of daath	. DURATION
o. Add.	Shork	10 km
2 9 27hremir		
9. Sirthplece (Town, county, and state)	Due to openation - Op benderbong	/hv.
10. Usuel occupation Dane	Due to appendictor - acute	
11. Industry or buelness	Sincrenous e avocles	30045
12 Name David Albert Rippeon Sx 13. Birthplice Frederick County, Marylan	Dither conditions	
2 13. Birthplace frederick Country, Marylan	d	
# 14 Milden nomu Grace W. Beall		(2 .)
15. 9 Intholece Frederick County md	Majar hadings at operations.	200.19-19
14. Milden namu Grace W. Beall 15. Stributice Frederick County Md 18. Interment Haspital Records	Autopsy results	
19. Informant Transpirtal	necessariate we have at a tell death of Albert	statistically.
Address Memorial Hospital, Frederick, Md		
(Burisl, cremation or removal Whitehi) (Burisl, cremation or removal Whitehi)	Accident, suicide, or homicide Bate of	
Comstery or engritor Lairmant Cum	Where did Injury occur?	(Chata)
Complete of the state of the st	(City or town) (County)	(State)
Location Silvertytours Manyland	Means of Injury Industry, public place (waster)	••••••
18. Funeral director Tarvell & Hartyler		
Addrese Woodsloro Md	23. SIGNATURE Frank Deborthington M. D.	parties.
200 t w 80.0.00 4 Ho. lo.	23. SIGNATURE M. D	or other
19. (Date rec'd by registrar)  (Pate rec'd by registrar)	Address. Herlieb- hid. Dale signed	0252

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DURATION 18 MONTHS

2411 N. Cha	rlea St., Baltimore 74 a	
CERTIFICA	TE OF DEATH Reg. Dist. No	31
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)  State  County  City or town limits, write RURAL and give neal  Street No.	Le rest town)
Now long in hospital or institution?	(If rural, give LOCATION)  2.(α) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	
4. Sex  5. Spler or race   6.(a) Single, married, widowed, or different  Lingle	MEDICAL CERTIFICATION  20, DATE OF DEATH. 14 Detailes 18.48	11:20 ρ
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended decears  21. I CERTIFY that death occurred on the date above stated; that lattended decears  15. 4.6. to October  and that I last saw h. E.R., alive on 1.3. October  Immediate cause ul death.	13/19.48
8. AGE: Years Months Days It less than one day  22 11 20 hrs. mi  9. Birthplace. Frederick lo.	In. Lymphoid LEUKEMIA  ALEUKEMIC TYPE  Due to	IS MONT
(Town, county, and state)  10. Usual occupation	Due to	
Elgay Voleruck		3 YEARS
14. Maiden name Mangaret Hazel Hedges.  15. Birthplace Frederick So.	(Include pregnancy within 3 months of death)  Major findings of operations	
18. Interment Mas Edgar Roderuck	Autopsy results	statistically.
Address  11. Burial Bate thereof (month) (dsy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Location Walkerswelle, and	Where did Injury occur? (City or town) (County)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?	
Address Walkersville md	23. SIGNATURE James & Stones J.	NO



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2411 N. Charles St., Baltimore

#### CEDTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For provious infants give residence of mother)
County Trederick,	
City or term The Latter Land True (If outside city or town limits, write RUKAL and give nearest town)	State Maybed County Frederick
	City or town limits, write RURAL and give nearest town)
tow long in above place of death? 2	
Frederick nemorial Hospital.	Street No. 6 10 Mest Hance St.
·	Male Man .
low long in hospital or institution?	2.(a) II veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mon Wooden of WH. Dehoolers	
4. Sex   5. Color or race   6.(a) Single, married, without of proficed	MEDICAL CERTIFICATION
male white married	D. T. D. 113 d / 115
7,100	20. DATE OF DEATH Ocluber 13 19.4.8, at 6'45
5, (b) Name of business or wife Ruth Zennmers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give age 24 yea	Detoler 13 19 48, 10 October 13 19 4
7. Birth data of	and that I last saw halive on October 13.
deceased (mo., day, yr.) July 10 1911	Immediate cause of death my branderal DURATIO
8. AGE: Years Months Days It less than one day	Insufficiently Contributing
3/ 3 //hrsmi	in. Cause Rheumatil heart disease oner
Passa	
9. Birthplace (Town, county, and atate)	Due to A harmadala of Share
10. Usual occupation Hard Superior J. R. Karn Inc.	
1 Diller	Due to
11. Industry or business	
12. Name William T. Schalffer  13. Birthplace Penne.	Diher conditions
\$ 13. Birthplace / euce .	(Include pregnancy within 3 months of death)
14. Maiden name Bessie Auld.	
	Major fiediogs of operations
E 15. Birthplace Plnn.	Date of op.
16. Informant Miss Bessel Schalffard	Aotopsy resolts
Address Brungwich Md.	PHYSICIAN: Please underline the easse to which death should be charged statistically.
Address / Museum / MA.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burfal, Ctemation, or removal, White)  (Burfal, Ctemation, or removal, White)	Accident, suicide, or homicide
- Malismal	
Cemetery or crematory	Whera did Injusy occur?
Location Sharpsfung	Injured at home, farm, Industry, public place (where?)
0 31 7 1 1 Ban	Maans of Injury Injured at work?
18. Funeral director	1 a a a by
Address / Summer Md.	- 1. (1. Vearre 11.L
12 B. t El. J. At a Hock	23. SIGNATURE M. V. or other
(Date rec'd by registrar)  Registrar	ar Address the Leuch Ma. Date signed
(2000 100 00 100 000 000 000 000 000 000	New York Control of the Control of t



2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

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		CERTIFIC	ALE OF DEATH	Reg. Dist. No.
1. PLACE OF DE	EATH:		2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:
bunty	efonce P	unol B B D #1	2.5	County Frederick
Hrandom J ()	outside city or town li	mits, write RURAL and give nearest town)	Jefferson-R	ural R. F. D. #1
ow long in above plac	e of death?	ural R. F. D. #1 mits, write RURAL and give nearest town) ears	(If outside city or town i	ural R. F. D. #1 imits, write RURAL and give nearest town) SON
localtel, institution, o	r etreel address where	death occurred:	Megr. Jerrer	son
Near Je	efferson		(If rural,	give LOCATION)
low long in hospital	or Inelituiion?		2.(a) If veteran, nemc war None	
3. (a) FULL NAM	IE .			3. (b) Social Security Number
	DORA :	BELL SEE		None
4, \$ex	5. Celer or race	8.(a)Single, merried, widowed, or divorced	MEDICAL	CERTIFICATION
F	W	M	(O.V	
	1		20, DATE OF DEATH.	16 19 48 at
8 (h) Name of husban	Lor	y D. See		e ebove stated: that I attended doceaned from
B' (A) WEINE BI MASSAW	y: <del>wil</del>	47	Mu	19 4 10 10 10 19
7. Birth date of	Santa	8.6) If alive, give age 47	and that I last saw h. e. alive on	CCX 17 18
decessed (mo., day,	yr.)	2000		DITEAT
8. AGE: Yee		Deys If less than one day	Melusluli 4	Caremone 57
43	3   1	1hrs.		
11. Industry or busine		9		
12. Name Ur	nknown		Other conditions	
13. Birthplace	Unk	nown		
		ia Miller	(Include pregnancy with	
본 14. Maiden nem		L CO 211 LL LL LL C LL		
	307 1-			
14. Maiden nemi	West	Virginia		Date of op.
T	D Tran	Virginia	Astoney results	Date of op
16. Informant	ory D. S.	Virginia ee	Antoney results	Date of op
16. Informant	F. D. #1	Virginia	Autopsy results	
16. Informant R. Address R. Burial	F. D. #1	Virginia ee , Jefferson, Md. Dete thereof. 10/19/48	Autopsy results	
16. Informant	F. D. #1	Virginia ee , Jefferson, Md. Dete thereof. 10/19/48	Autopsy results	to which death should be charged statistically, all courses, till in the following;
Address R.  Burial (Burial, cremetic	F. D. #1  Method	Virginia  ee  Jefferson, Md.  Dete thereof. 10/19/48  (month) (day) (year)  dist Cemetery	Autopsy results PHYSICIAN: Please underline the cause  22. VIOLENCE: tf deeth was due lo extern Accident, suicide, or homicide	Date of op
Address R.  Burial (Burial, cremetic	F. D. #1  Method	Virginia  ee  Jefferson, Md.  Dete thereof. 10/19/48  (month) (day) (year)  dist Cemetery	Autopsy results PHYSICIAN: Please underline the cause  22. VIOLENCE: tf deeth was due lo extern Accident, suicide, or homicide	Date of op
Address R.  Burial (Burial, cremetic Cemetery or seems Locetion	F. D. #1 Method	Virginia ee  Jefferson, Md. 10/19/48 (month) (day) (year) dist Cemetery est Virginia	Autopsy results PHYSICIAN: Please underline the cause  22. VIOLENCE: tf deeth was due to extern Accident, suicide, or homicide Where did injury occur? (City or to Injured al home, farm, industry, public plea	Date of op
Address R.  Burial (Burial, crematic	F. D. #1 Method	Virginia  ee , Jefferson, Md. Dete thereof 10/19/48 (month) (day) (year) dist Cemetery est Virginia Cchison and Son	Autopsy results PHYSICIAN: Please underline the cause  22. VIOLENCE: tf deeth was due to extern Accident, suicide, or homicide Where did injury occur? (City or to Injured al home, farm, industry, public plea	Date of op
Address R.  Burial (Burial, cremetic Cemetery or seems Locetion	F. D. #1 Method	Virginia ee  Jefferson, Md. 10/19/48 (month) (day) (year) dist Cemetery est Virginia	Autopsy results PHYSICIAN: Please underline the cause  22. VIOLENCE: If deeth was due to extern Accident, suicide, or homicide Where did injury occur? (City or to Injured at home, farm, Industry, public please Means of Injury	Date of op
Address R.  Address R.  17 Burial (Burial, cremeter Cometery or seemal Location	F. D. #1 Method	Virginia  ee  , Jefferson, Md.  Determent 10/19/48  dist Cemetery  est Virginia  chison and Son  ck, Maryland	Autopsy results PHYSICIAN: Please underline the cause  22. VIOLENCE: tf deeth was due to extern Accident, suicide, or homicide Where did injury occur? (City or to Injured al home, farm, industry, public plea	Date of op



2411 N. Charles St., Baltimore

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			Reg. Diat. No.	
1. PLACE OF DEATH:  County Frederick  City or team Frederick  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?  Hospilal, insiliution, or sireel address where dealh occurred:  327 East Patrick Street  How long in hospitat or insiliution?			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Frederick  City or town Frederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. 327 East Patrick Street  (If rural, give LOCATION)  None	
3. (a) FULL NAM	E		3. (b) Social Security Number	
	MARY EI	LIZABETH SEEGER	None	
4. Sex	5. Color or race	B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
T T	W	M	20. DATE OF DEATH. October 16, 19 48 at 8:30	
	Phil	lip Seeger	21. I CENTIFY that heath occurred on the date above stated; that I attended specased from	
6.(b) Name of husband	or-wifs	82	"" / a /The / L 4x //e/pte	
7. Birth date of	Fehm		and that I last saw be allive on Delotte 194	
deceased (mo., day,	y(.)	Days   If less than one day	Immediate cause of death DURATION	
8. AGE: Year		l lays litess than one dayhrs.	Man Man Man Man	
HIV: Name	onrad Bru Germany	ıst	Due to	
14. Maiden name 15. Birthplace	Germany		Major findings of operations	
16. Informant P	hilip See	ger ck St., Frederick	Antopsy results	
Burial Date thereof 10/19/48  (Burial, Germaton, Company, Winche)  Cemetery or erematory, Mount Olivet Cemetery  Frederick, Maryland				
		Etchison and Son	Means of Injury Injured at work?	



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2411 N. Charles St., Baltimore

#### CEDTIFICATE OF DEATH

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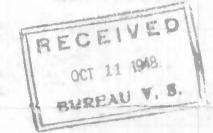
			CERTIFIC	ATE OF DEATH	Reg. Dist. No.
How long in above pi Hospital, Institution 119 R	rederick If outsida city of to lece of deeth? , or circet address w ecord St al or institution?	wn limits, write R nce Pay nere deeth occurred reet	K SPARKS	Street No. 119 Record Strural, 11 rural, None	of mother) Frederick  County Frederick  mits, write RURAL and give nearest town)  Street give LOCATION)  3. (b) Social Security Number  212-05-0808
4. Sex	5. Celer er rece	9.(a)Singt	r, married, widowed, or divorced		CERTIFICATION
M	W		M	2D. DATE DF DEATH Octob	oer 5th 19 48 3:15H
6.(b) Name of husb	and or wite. Le	6.(	e) If alive, give age	14 6 4 4	e ebove steled; that / 21/ended deceased from
7. Birth data of deceased (ma., d	MOTTO	mber 25	, 1882	Immediate cause of death	
O. MODE.	eers Monthe	Deye	If lees than one dey	Immediate cause of death	
	65   10 ent Isla	1	hre.	min. ATULO-D	elecotec
10. Usuel occupati 11. Industry or bue ELL 12. Neme 13. Sirthplece	<sub>Incee</sub> C & P John Spa Kent Is	ed Telepho rks land, M	ne Co. aryland	Due to	in 3 menths of death)
14. Maiden ne 15. Birthplece	Kent Is	otte Me land, M	aryland	Major fiedings of operations.	
16. Interment	MI.S. TOT	ra p. o	parks rederick, Md	PHYSICIAN: Please ooderline the cause t	so which death should be charged statistically.
Buri	al Moun	Dete then	t Cemetery  Maryland	22. VIOLENCE: It deeth wes due to externe	Dete of
18. Funeral direct	or Ma R	. Etchi	son and Son Maryland	Msens of Injury	Injured et work?
Address	F	8 6	is abeth J. Her	23. SIGNATURE	M. D. or other

WRITE PLAINLY, is especially PLEASE VS A15

(Date rec'd by registrar)

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly

WITH UNF.



2411 N. Charles St., Baltimore

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10506

,				CERTIFICA	TE OF DEATH Reg. Dist. No. 131	
1. PLACE OF DEATH: County. Frederick  Oily or town Frederick Quanta  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?.  Hospital, institution, or street address where death occurred:  I. O. O. F. Home  How long in hospital or institution? Since March 2, 1934				l:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)  State Maryland Couoty Frederick  City or town limits, write RURAL and give nearest town)  Street No. I. O. O. F. Home  (If rural, give LOCATION)  None	
3. (a) FULL	NAME				3. (b) Social Security Number	
		LIZA		e, married, widowed, or diverced	None	
4. Sex		or race	a.(u)singi	and the state of t	MEDICAL CERTIFICATION	
F	W			1.4	2D. DATE DF DEATH	
7. Birth date or deceased (m	o., day, yr.)	ebrus	Days	1860	Immediate cause of death & ruling Himarily DURATION	
	88	8	3	laware min	Α	
11. Industry of Manual Property	business Joseph lace Suss In name Al liace Suss I. O. Frede rial eventury W	Home Folice ice / ex Co orick rick hite	land ounty Ann Fi ounty F. Hon Mary Chape n, Del	Delaware Sher  Delaware ne Records yland (month) (day) (year) el Cemetery laware son and Son	Due to	
Address	0 10	rede:		Maryland lizality Hech	23. SIGNATURE M. D. or other  M. D. or other  Address Frederick, Maryland Date signed 10-28-	

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

WITH UNF important.

PLEASE WRITE PLAINLY, '

VS A15



2411 N. Charles St., Baltimore

10507

CERTIFICA	ATE OF DEATH  2. USUAL RESIDENCE (HOME) OF DECEASED; (For newborn infants give residence of mother)  State  City or town  (If outside city or town llmits, write RURAL and give nearest town)  Streel No  (If rural, give LOCATION)  2.(a) If veteran, name war	
1. PLACE OF DEATH: Counity City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?		
3. (a) FULL NAME Charles Bernas	2 Thatles - 3. (b) Social Security Number 214-4-6967	
1. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Phale   Phal	20. DATE OF DEATH. 20. DATE OF DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF D	
8. AGE: Years Months Days If less than one day  9. Birihplace (Town, county, and atate)	Individual Cause of death Occusion 6 he	
11. Industry or business  12. Name	Other conditions In Cardial Degentiality Cardial General Year (Include pregnancy within 3 months of death)  Major findings of operations.	
16. Informant Mrs. Charles It settler -	Autopsy results.  PHYSICIAN: Please uoderline the cause to which death should be charged statistically	
Address  17. (Burial, cremation, or remoyal Which?)  Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	

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WRITE

PLEASE

Supply every item of information carefully. The ease write the causes of death clearly and legible

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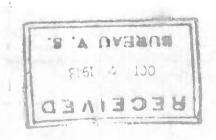
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(Date rec'd by registrar)

23. SIGNATURE.

Means of Injury



8	. The corrective legibly.
3	tion carefully. The clearly and legi
NDING	WITH UNFADING INK. Supply every item of information carefully. important. Physicians: please write the causes of death clearly and l
IARGIN RESERVED FOR BINDING	Supply every lease write the
RGIN RESE	ADING INK. Physicians: p
(I	WITH UNF

PLEASE WRITE PLAINLY, is especially

19. (Date rec'd by registrar)

VS A15

# CEDTICIOATE OF DEATH

	CERTIFICA	LE OF DEATH	Reg. Diat. No	
How long in above pi	rederick  rederick  If outside city or town limits, write RURAL and give nearest town)  lace of death? Since 1942  , or street address where death occurred:  rick Nemorial Hospital	2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of state. Maryland Court Frederick (If outside city or town limits 517 Magnolia A Street No. (If rural, give None	Fredericl write RURAL and give n	
3. (a) FULL NA			3. (b) Social Security 226-01-0	
				763
4. Sex			ERTIFICATION	
M	W	20. DATE OF DEATHOctober	21, 48	5 . 5 : 05
4 (1) M	or wife Mae D. Salon	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended de	ceased from
	h l	21. I CERTIFY that death occurred on the date about 19	10/21/	40 19
7. Birth date of		and that f last saw h alive on 10/	21/48	19
deceased (mo., d		Immediate cause of death		BURATION
O. AGE.	lears Months Days If less than one day			
	53 5 21mln.	Central Harma	wheel	2 de
40 Unual accupati	Jinchester Kentucky  On District Lanager  On Personal Service Drug Stores	Due to. Assemble Comments	perlanen -	
~ 1	home a T Watannan	C/	Lit-	****
12. Name	Winchester, Kentucky	Bther conditions	d	
13. Birthplace	Cothorina Chas	(Include pregnancy within 3 r	months of death)	
물 14. Maiden na	Ogomer Dilea	Major findings of operations.	*****	
E 15. Birthplace	Winchester, Kentucky	major sudies. Or operation	Date of op	
1.	Catherine Shea Winchester, Kentucky Irs. Mae Waterman	Aatopsy results.		
			hich death should be charge	d statistically.
	Magnolia Ave., Frederick, Md.	22. VIOLENCE: If death was due to external cau	uses, fill in the following;	
Buris	Date thereof 10/25/48 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, ccome	sherwood Burial Park			••••
Cemetery or cre	## 1977	Where did injury occur?(City or town)		(State)
Location	Roanoke, Virginia	Injured at home, tarm, Industry, public place (w	here?)	
	M. R. Etchison and Son	Means of injury	Injured at work?	
1B. Funeral direct	Frederick, Maryland	11/1	9	35 5
Address		23. SIGNATURE	JEENS	Ma De
	00.000		М. Г	), or other

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7

OCT 25 1948

BUREAU Y. B.

#### 2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

131

CERTITION	Reg. Dist. No.
I. PLACE OF DEATH:  County.  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address when death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State And Region County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
3 (a) FULL NAME	2.(a) If veteran, name war.  3. (b) Social Security Number
Male white widowed, or divared with the widowed, or divared	MEDICAL CERTIFICATION Oct. 18 19.48 21 8.47
8. (b) Name of husband or wife	and that I last saw h. i.b. alive on Det 19. II Summediate cause of death DURATION  Due to.  Due to.
12. Name GCORGE WINE BRENNER  13. Birthplace  14. Maiden name SUSAN STAMBAUGH  15. Birthplace  Md.	(Include pregnancy within 3 months of death)  Major fiadings of operations.  Date of op.
16. Informant Nospital Records	Actorsy resolts
(Burial, occupation, or company)  Cemetery or committee (Market of Company)  Location Mt. M. 12.4 (Market of Company)  Location Mt. M. 12.4 (Market of Company)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Address Win field. Md	23. SIGNATURE Permond Humos M. P.

9-45-15M

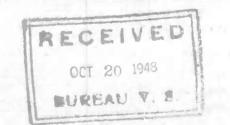
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

(Date ree'd by registrar)



2411 N. Chartes St., Battimore

932

10510

DURATION

Reg. Dist. No.

# CERTIFICATE OF DEATH

Hospital, institution, or street address where d	eath occurred: nts	31 Taney Apartments	
3.(a) FULL NAME FLO EDIS	TH WOLFE	3. (b) Social Security Number	
4. Sex 5. Color or race	5.(a)Single, married; widowed, or divorced	MEDICAL CERTIFICATION  October 24, 19.48, at 8:	
	y E. Wolfe	21. I CERTIFY that death occurred on the date above stated; that attended deceased from  and that I tast saw h	
8. AGE: Years Months 59 7	Days If less than one day 7hrsmir		
10. Usual occupation	on  nty Pennsylvania  wn  D. Wolfe  s., Frederick, Md.  Gate thereof 10/27/48  (month) (day) (year)  Olivet Cemetery  ick, Maryland	Due to	

ADING INK. Supply every item of information carefully. The ophysicians: please write the causes of death clearly and legibly

WRITE PLAINLY is especial

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